KELSEY TRAIL
HEALTH REGION

Annual Report to the Minister of Health

For the 2011-12 Fiscal Year Ended March 31, 2012

Photo courtesy of the Tisdale Re

Kelsey Trail
On The Road
To Your Future

COMPASSION
IN ACTION

Primary
Health Care

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The Kelsey Trail Health Region Annual Report for the fiscal year ending March 31, 2012 is available on the internet at www.kelseytrailhealth.ca.

Kelsey Trail Health Region is the operating name for the Kelsey Trail Regional Health Authority. Most references to this organization use Health Region, except in reference to the governing board, which is referred to as the Regional Health Authority. Health Region also refers to the geographic areas served by the Kelsey Trail Health Region.

Letter of Transmittal

June 5, 2012

Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

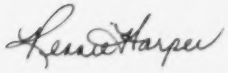
The Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with its 2011-12 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2012.

The Kelsey Trail Regional Health Authority is pleased to report several accomplishments during the 2011-12 fiscal year including:

- maintaining Accreditation Canada certification as a nationally recognized quality health care organization;
- successful implementation of the Lab Information System (LIS) in all six acute care sites in preparation to join the Saskatchewan Lab Results Repository; and
- ongoing progress with the long term care replacement projects through the successful tender and sod turning for the Tisdale project and ongoing planning for the Kelvington project.

The overall success of the health region can be attributed to the compassion, dedication and commitment of the Kelsey Trail Health Region's greatest resource – its physicians and employees.

Respectfully submitted,



Rennie Harper
Chairperson
Kelsey Trail Regional Health Authority

Introduction

The 2011-12 annual report presents the activities and the results of strategies, actions and performance measures identified within the strategic framework outlined in the 2011-12 Strategic and Operational Directions for the Health Sector (SOD) for the fiscal year ended March 31, 2012. This report demonstrates Kelsey Trail Health Region's progress toward meeting 2011-12 targets and commitments, providing an opportunity to assess accomplishments, results and lessons learned while identifying how to build on past successes for the benefit of the residents of the health region.

Under Section 55 of *The Regional Health Services Act,* the Kelsey Trail Regional Health Authority is legislatively required to report on its annual activities. The Authority is collectively responsible for leading the organization in determining, monitoring and assuring appropriate organizational performance. The annual report provides accountability for the activities of the Kelsey Trail Regional Health Authority to residents and the Ministry of Health.

The information provided in the annual report is driven by standards, best practise, performance measures, outcome benchmarks, performance indicators, statistical and environmental data collected by a variety of credible provincial and national organizations and bodies by which the overall performance of health care services and programs are measured. The region-focused performance targets to align with the goals and objectives of the 2011-12 SOD. Regional priorities were based on the provincial strategic targets.

Strategic Focus	**1. HEALTH OF THE INDIVIDUAL**	**2. HEALTH OF THE POPULATION**	**3. PROVIDERS**	**4. SUSTAINABILITY**
Goals	1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	2.1 Improve population health through health promotion, protection and disease prevention	3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices	4.1 Achieve best value for money while improving the patient experience and population health
	1.2 Achieve timely access to evidence-based and quality health services and supports	2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	3.2 Work together to create safe, supportive and quality workplaces	4.2 Improve transparency and accountability through measurement and reporting
	1.3 Continuously improve health care safety in partnership with patients and families		3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

5. SUPPORTIVE PROCESSES		
5.1. Benchmark and model world-class high-performing health systems	5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies	5.3 Leverage technology to achieve improvements in patient care and system performance

Alignment with Strategic Direction

The health region's Vision, Mission & Values reflect the direction the overall health system is embarking on with a focus on the five pillars for planning: Health of the Individual; Health of the Population; Providers; Sustainability; and Supportive Processes.

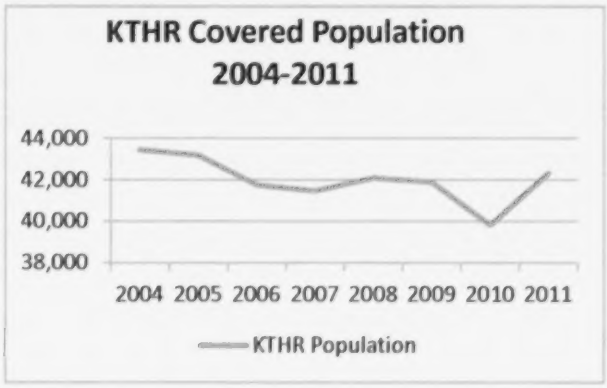
The regional values are aligned with the provincial values of Respect, Transparency, Excellence, Accountability and Engagement. The goals established within each of the five pillars; the 2011-12 SOD initiatives, measures and targets; and the Accountability Document issued annually by the Ministry of Health, guide the strategic directions of the health region. The 2011-12 Accountability Document clarifies the priorities, expectations and the reporting requirements of the Regional Health Authority. It is also intended to complement existing legislation, regulations, contracts, ministerial directives and policies and establish expectations based on achieving targets established in the SOD.

The 2009 release of *For Patients' Sake*, the *Patient First Review Commissioner's Report to the Saskatchewan Minister of Health*, forms the basis for all provincial and regional strategic planning. Supporting provincial frameworks such as Patient & Family Centred Care (PFCC), the Saskatchewan Surgical Initiative (SKSI), the Tobacco Reduction Strategy and HIV Strategy, as well as the standards set by Accreditation Canada, the Canadian Standards Association (CSA) and *SaferHealthcareNow!* (*SHN!*) also shape strategic direction.

Regional strategic planning is influenced and impacted by financial, operational, capital and human resources. Recruitment and retention have the most significant impact on the region's ability to achieve targets mandated by the provincial government.

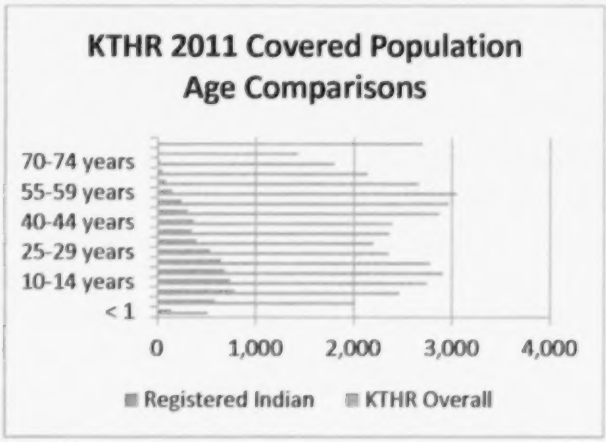
Overview

The RHA is responsible for providing safe, quality, timely, effective and efficient primary and secondary health care services to the population of the region. Services are available and accessible to residents as close to home as possible. The region, at 44,369.62 square kilometres, covers a large geographic area with a relatively sparse population. According to 2011 Covered Population statistics, the total population of the region was 42,348, a six percent increase over the previous year. At 6,099, in 2011 the Registered Indian population was 16% higher than the previous year. At 1.65 persons per square kilometre, the provincial population density is almost twice that of KTHR at 0.95 persons per square kilometre.



Source: Ministry of Health, 2011 Covered Population

KTHR provides health services to the residents of 58 rural and urban municipalities, five First Nation communities and the Northern Village of Cumberland House. In some cases, services to First Nation communities are delivered by KTHR in partnership with other agencies. Services not available within the region are accessible and available to residents through visiting services, referrals and the Telehealth Saskatchewan network.



Approximately 30 physicians and 1,600 staff provide a broad range of community and facility-based services and programs. Physician resources include the services of a part-time Chief of Staff/Vice-President of Medical Services, a full-time Medical Health Officer, a resident General Surgeon, a visiting Radiologist, General Practitioner/Anaesthetists, and General Practitioner/Obstetricians.

The region ensures a wide range of accessible itinerant services by granting visiting privileges to a number of physician specialists at district hospitals in Melfort, Nipawin and Tisdale. Services include nephrology, physical medicine and rehabilitation, psychiatry, podiatry, rheumatology, paediatrics, obstetrics and gynaecology, ear/nose/throat, orthopaedics and orthopaedic

surgery, ophthalmology, respiratory medicine, internal medicine, urology, plastic surgery and general surgery. Associate privileges are also granted to dental and chiropractic service providers.

In total, 116 acute care beds (observation, respite, palliative, convalescent and rehabilitation) are staffed and operational within the region. Kelsey Trail has district hospitals in Melfort, Nipawin and Tisdale and community hospitals in Hudson Bay, Kelvington and Porcupine Plain. Health centres are located in Arborfield, Carrot River, Cumberland House, Rose Valley and Smeaton.

In total, 482 long term care and respite beds are staffed and operational in Arborfield, Carrot River, Hudson Bay, Kelvington, Melfort, Nipawin, Porcupine Plain, St. Brieux and Tisdale. Four Dementia units also operate within long term care facilities in the region.

Pre-hospital emergency care is available through a combination of RHA-owned (Hudson Bay and Porcupine Plain) and contracted (Kelvington, Melfort, Naicam, Nipawin and Tisdale) emergency medical services. Trained volunteer First Responders and Ancillary First Responder groups provide emergency services to a large number of communities and areas in Kelsey Trail. The region also provides training to volunteers in community groups, organizations, schools and corporations who have invested in Public Access Defibrillators (PADs).

Nurse Practitioners (NPs) provide health care services from Primary Health Care (PHC) sites in Arborfield/Carrot River/Cumberland House, Hudson Bay, Naicam, Nipawin, Porcupine Plain and Tisdale. In 2011-12, Nurse Practitioners saw a total of 19,447 patients. PHC services are delivered by Physicians and NPs working collaboratively in teams with other health care professionals including Nutritionists, Speech/Language Pathology, Early Childhood Psychology, Dental Health, Dietitians and Nurse Educators, Chronic Disease Management, Community Wellness Coordinators, and Therapies which includes an Autism Spectrum Disorder consultant, the Acquired Brain Injury program, Exercise Therapists, Recreation Therapists, Physical and Occupational Therapists. In total, 76.3% of the population of KTHR has access to PHC services.

Employees of Community and Primary Health Care (PHC) deliver services to more than 30 different locations in the region, focusing on community development and population health promotion, and include the services of Home Care, Public Health, Environmental Health, Therapies and Mental Health & Addiction.

The Public Health unit includes Public Health Nursing, Travel Health, the regional Medical Health Officer and Communicable Disease/Immunization Coordinator. Public health inspection, tobacco enforcement and water monitoring services are delivered regionally by the Environmental Health unit.

The region has a well-established Saskatchewan Telehealth video conferencing program including sites in Carrot River, Cumberland House, Hudson Bay, Kelvington, Porcupine Plain, Melfort, Nipawin and Tisdale. Telehealth provides a link for rural and urban health care professionals to schedule specialist appointments, consults, clinical visits and follow-up appointments for patients and clients. It is also used for educational sessions for health care professionals and members of the public.

Community Wellness Coordinators in Hudson Bay, Kelvington, Nipawin and Tisdale provide services to school-aged populations in Arborfield, Archerwill, Porcupine Plain, Rose Valley, Star City and Zenon Park.

Mental Health & Addiction Services (MHAS) are provided regionally through a combination of community-based locations and visiting services. Inpatient services and 24-hour emergency mental health referrals and consultations are available through a partnership with the Prince Albert Parkland Health Region (PAPHR). Medical Social Worker services are also available through MHAS.

Volunteer services are coordinated through the Human Resources (HR) department and include the parent mentoring program, pastoral care, youth programs, gift shops, meals on wheels, auxiliaries, drivers and activity volunteers. Volunteers provided approximately 18,110 hours of service to the region over the past fiscal year.

Community Based Organizations

The region acts as the accountable partner in contractual relationships with a number of independent Community Based Organizations (CBOs) and third parties for the delivery of health care services. CBOs are prescribed organizations that receive funding from KTHR to provide health services. The region is responsible for financial monitoring, ensuring adequate resources are being provided, and accountability among CBOs.

KTHR has contractual relationships with the following CBOs:

- Kelvington Ambulance Care Ltd., Tisdale Ambulance Care Ltd., Shamrock Ambulance Care Inc. (Rose Valley Division), North East EMS (Nipawin & Carrot River), Melfort Ambulance Service Care (1999) Ltd. and Quill Plains Ambulance Care Ltd. – emergency medical/ambulance services operating in the boundaries of the health region.
- Nipawin Oasis Community Centre Cooperative - services for clients with long term mental illness in the Nipawin area

Partnerships

Kelsey Trail has developed a number of mutually beneficial partnerships that provide strong connections to community, enhance resource-sharing opportunities and have long term impacts on meeting the needs of the population.

Ministry of Health

The Ministry of Health provides strategic and policy direction, sets and monitors standards, provides funding, and supports the health region to ensure the provision of essential and appropriate services to residents.

Saskatchewan Association of Healthcare Organizations (SAHO)

SAHO provides health regions with leadership, a common voice, payroll and benefits, collective bargaining, Occupational Health & Safety support, representative workforce and educational resources.

Prince Albert Parkland Health Region (PAPHR)/Sunrise Health Region (SHR)

KTHR has an historical partnership with PAPHR for the provision of Mental Health & Addiction Services, primarily in specialty mental health services such as psychiatry, eating disorders and psychologist supervision. The region also partners with PAPHR and SHR on the F.A.S.T. Stroke Bypass Protocol as well as the delivery of orthopaedic surgical services at Nipawin Hospital.

Athabasca Health Authority (AHA)

A partnership with AHA has resulted in the provision of Information Technology support to the northern health region. Through the partnership, AHA has also benefitted from the development and launch of the regional Radiography Information System-Picture Archiving Communication System (RIS-PACS) for the secure storage and retrieval of diagnostic images in digital format.

North East Regional Intersectoral Committee (NERIC)

The health region is an active partner on the NERIC which includes representation from the North East School Division, Cumberland College, the Ministry of Social Services, Métis Nation Eastern Region 1 & 2, and several other human resource agencies to facilitate and support community-based approaches and initiatives in response to the needs of children, youth and families. Partnerships have been developed with community, First Nations and Métis leaders, Chambers of Commerce and economic development groups.

KidsFirst

KTHR is the accountable partner for the *KidsFirst* targeted and non-targeted programs in the region. *KidsFirst* is a voluntary program that works in collaboration with existing community

programs to help vulnerable families, enhance knowledge, provide support and build on family strengths.

Saskatchewan Cancer Agency
In partnership with the SCA, KTHR operates the Screening Program for Colorectal Cancer. The program targets men and women between 50 and 74 years of age who are at risk of developing colorectal cancer.

Cumberland College/Saskatchewan Institute of Applied Science & Technology (SIAST)/University of Saskatchewan (U of S)
KTHR partners with all three educational institutions and works with the Saskatchewan Union of Nurses/Kelsey Trail Health Region (SUN/KTHR) Retention & Recruitment Committee, to provide opportunities for interested Nurse Practitioner (NP) candidates to meet their learning needs through distributed learning.

Union Affiliates
The SUN/KTHR Retention & Recruitment Committee is an example of the respectful partnerships the health region has with union affiliations. In addition to SUN, KTHR works in partnership with the Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Government Employees Union (SGEU).

Municipal Stakeholders
The health region regularly partners with municipal bodies to address program and service needs. The health region continues to work in partnership with the Town of Kelvington, Town of Tisdale and surrounding municipalities on long term care replacement projects. In Tisdale, the health region is also involved in a partnership with the Town in the development of a community health complex.

Other significant partnerships include community Foundation and Trust committees and auxiliaries, the Health Quality Council (HQC), the Northern Health Strategy, the Northern Chronic Care Coalition, the Northern Antibiotic Resistance Partnership (NARP), Prince Albert Grand Council, Saskatoon Tribal Council, Métis Nation Eastern Region 1 & 2, the Northern Inter-Tribal Health Authority (NITHA), the Aboriginal Employment Development Program (AEDP), Lakeland District Sport Culture & Recreation and North Sask Laundry & Support Services.

Administrative Structure

The Chief Executive Officer (CEO) works with an Executive Management Team that includes the Vice-President Institutional & Emergency Care, the Vice-President Corporate Services, the Vice-President Community and Primary Health Care and the Vice-President Medical Services/Chief of Staff. The Executive Assistant to the CEO and Corporate Communications Officer serve as resources to the Executive Management Team.

A new VP Medical Services/Chief of Staff was successfully recruited to the position in April of 2011 following the retirement of the former VP in March of 2011.

The CEO reports directly to the RHA regarding the general and daily operations of the health region. The Executive Management Team is responsible for effective planning, integration and delivery of facility-based and community-based programs and services, and reports directly to the CEO.

The Executive Management Team is responsible for the overall operation of the health region and provides executive sponsorship for seven lead Committees: Information Management, Communication, Quality Health Workplace, Quality, Utilization & Risk Management, Primary Health Care, Patient Care & Safety, Ethics and Health Emergency Operations. Sub-committees and working groups may function within each lead committee. Educational, informational and networking communication with the Management Network, which includes regional directors, facility administrators, program and nursing managers, occurs through a combination of teleconferences and face-to-face meetings.

Within the Management Network, restructuring resulted in the expansion of the portfolio of the Director Food and Nutrition Services to include the Facility Administrator position at the Arborfield & District Health Care Facility. In addition, the Manager of Accounting position was created which combined the responsibilities of the Accounts Payable, Accounts Receivable and General Accounting duties.

Governance

Twelve members appointed by the provincial government serve on the Kelsey Trail Regional Health Authority (KTRHA). In 2011-12, they included Wilfred Veller (chairperson), Rennie Harper (vice-chairperson, Gordon Cresswell, Frank Garchinski, Dennis Koch, Kathleen Bedard, Allyson Stevenson, Carla Hipkins, Darrel Guy, Rose Morin, Cheryl Watt and Clarence Hendrickson. The terms of all members of the Regional Health Authority officially expired on March 31, 2012.

2011-12 members of the Kelsey Trail Regional Health Authority included (L-R): Darrel Guy, Frank Garchinski, Clarence Hendrickson, Carla Hipkins, Rennie Harper, Allyson Stevenson, Cheryl Watt, Kathleen Bedard, Gordon Cresswell, Dennis Koch and Wilfred Veller. (Absent: Rose Morin)

The RHA is responsible for the planning, organization, delivery and evaluation of the health services it is directed to provide by the Ministry of Health. The RHA functions primarily as a "committee of the whole". There are four committees of the RHA: Quality Risk Management & Communications Committee, Finance & Audit Committee, Practitioner Liaison Committee, and the Governance Committee.

Five Community Health Advisory Networks (CHANs) implemented in November of 2006 have been largely inactive. The RHA chooses to utilize a broad range of informal community consultations to gather information on community issues, needs and priorities related to healthcare. In addition to the existing intersectoral relationships, the RHA and Executive have taken advantage of opportunities to meet with representatives of both municipal councils and First Nations chiefs and councils to discuss health care concerns. Other informal consultative processes have involved discussions with the North East Regional Intersectoral Committee, Chambers of Commerce, education and community stakeholder groups, neighbouring school divisions, health region Foundation and Trust committees and auxiliaries.

The health region utilizes a variety of formats to communicate with and engage the public. These include: regular monthly RHA meetings; Primary Health Care community wellness assessments and other community-based events and activities; the external newsletter, the *KTHR Pulse;* the internal newsletter, *Coffee Break Conversation;* other publications including *Spotlight on Dental Health*, the *Primary Health Care Principle*, the *Volunteer Advantage* and *Hypertension Highlights* and several early childhood publications; the public website (www.kelseytrailhealth.ca); the internal website; nine community-based weekly and two regional weekly newspapers, two community newsletters and five radio stations. Regular contact with stakeholders and partners is also maintained through a combination of email and regular mail distribution of publications. The RHA chairperson, CEO and other designated representatives of the health region are involved in presentations to municipal councils, community groups, partner agencies, community trust committees and/or foundations and the general public.

The KTHR Annual Report is produced and available in hard copy format and electronically through the region's website. The annual report is also accessible through the Ministry of Health website at www.health.gov.sk.ca/kelsey-trail-health-region.

Employee Demographics

In 2011-12, the KTHR workforce included 1,646 total employees (1,505 active) representing 1,245 full-time equivalents (FTEs). In total, almost 42% of the regional workforce was 50 years or older. The regional workforce is comprised of approximately 92% females. Seventy-one, or 5.7%, of the region's FTEs have self-identified as Aboriginal since 2007-08.

A significant percentage of KTHR employees are long term. Thirty-nine employees retired in 2011-12. In total, 141 current employees reached Rule of 80 retirement eligibility in 2011-12. Over the next two fiscal years, 98 more employees will reach Rule of 80 retirement eligibility.

The single largest challenge the region faces is recruitment and retention. In addition to physician recruitment and retention issues, the region experiences difficulty recruiting and retaining Nurses, Nurse Practitioners, Therapists (occupational and physiotherapy), Pharmacists, Lab and Diagnostic Imaging Technicians. Labour shortages in any of these areas have the potential to impact patient, client and resident care. The recruitment and retention of GP/Obstetricians, GP/Anaesthetists and OR Nurses is also challenging and can impact the region's ability to provide labour and delivery services, deliver surgical services and meet provincial surgical targets.

KTHR works with the Physician Recruitment Agency of Saskatchewan (PRAS), the University of Saskatchewan's College of Medicine, and contracted recruitment firms to identify and recruit potential Canadian-trained and international physician candidates. The region has hosted one day bus tours for first and second year medical students in the past and annually provides mentorship opportunities for residency training, externs (medical students between their second and third year of study) and Junior Undergraduate Rotating Student Internship (JURSI) program students (medical students in their third or fourth year of studies).

Through the joint SUN/KTHR Retention and Recruitment Committee, created as the result of the SUN/Government Partnership signed in 2008, KTHR has showcased and promoted educational opportunities for secondary students, post-secondary students and health region employees interested in pursuing a degree in nursing, completing a Masters in Nursing or achieving their Nurse Practitioner (NP) designation through a regional "Grow Your Own" program. A total of $22,000 in bursaries was awarded to Registered Nurses employed by KTHR through the SUN/KTHR Recruitment & Retention bursary program including bursaries of $5000 to candidates pursuing their Masters, Nurse Practitioner designation or Bachelor of Nursing; $2,000 to candidates enrolled in certificate programs; and up to $1500 to candidates enrolled in Continuing Nursing Education programs. In 2011-12 KTHR had two RN's enrolled in the Masters Nursing program (one in the NP program), one on the wait list and three enrolled in SIAST's Primary Care NP program.

The KTHR Human Resources department places significant attention on the promotion of post-secondary educational opportunities in the health care field, particularly in high demand areas, through attendance at numerous secondary school and post-secondary school career fairs. The health region also promotes careers in health care through the awarding of annual General and Aboriginal Scholarships worth $1000 each.

Emerging Health Issues

The health region works collaboratively with the Ministry of Health and Health Canada to maintain an awareness of emerging health issues. They are identified and addressed on the basis of priority.

A number of factors contribute to individual health. According to the World Health Organization (WHO) declaration, health is "a state of complete physical, mental and social well-being and not merely the absence of disease". The Determinants of Health also have an impact on the health of the individual. Populations that are lacking or having difficulty accessing one of more of the determinants may be subject to disparities in health.

Determinants of Health

- *Income*
- *Social Support*
- *Education & Literacy*
- *Employment & Working Conditions*
- *Social Environments*
- *Physical Environments*
- *Personal Health Practices & Coping Skills*
- *Healthy Child Development*
- *Biology & Genetic Endowment*
- *Health Services*
- *Gender & Culture*

Health Canada

According to the Indigenous Peoples' Health Research Centre, aboriginal communities have identified their priority concerns as socio-economic status; mental health and addictions/trauma; and chronic disease – high rates of smoking and diabetes. Other issues of concern among the Aboriginal population have been identified as health care system access; the high incidence of sexually transmitted infections; Methicillin-Resistant Staphylococcus Aureus (MRSA), an antibiotic resistant staph infection; and the infant mortality rate.

According to Statistics Canada, at 9.8 %, the unemployment rate in the region is higher slightly than both that of the province (5.8%) and the nation (8.0%). Educationally, 72.8% of the regions' population aged 25 to 29 are high school graduates, somewhat lower than the provincial rate of 80.8%. Among those aged 25 to 54, 45.2% are post-secondary graduates as compared to 54.7% provincially.

Adequate housing is a key determinant of health and the overall well-being of the population. A 2009 Northeast Housing Research Project revealed a shortage of rental stock and rental housing waiting lists in Melfort, Nipawin and Tisdale. For vulnerable, lower income populations affordability is also an issue and many affordable rental properties have significant maintenance issues which render them unsuitable to live in. Aboriginal communities report substandard housing and building practices that may be related to other health issues such as respiratory ailments, allergies, headaches and fatigue.

During 2010-11 the Northeast Regional Intersectoral Committee (NERIC), of which KTHR is a partner, received a $40,000 grant for a "Housing For All" initiative. The accountable partner is the Northeast Crisis Centre. The RIC identified the lack of safe affordable housing as a barrier to achieving strong, healthy children and families and safe, inclusive communities. Municipal governments in Tisdale, Nipawin and Melfort agreed to partner with the RIC to develop community-specific housing strategies to address the continuum of housing needs. The RIC contracted the services of a facilitator to assist with the development of the housing strategies.

Diet is also a determinant of health. Economic and geographical issues impact diet among Aboriginal communities. Limited budgets may reduce access to choice of food/quality/price resulting in poor diet choices that contribute to higher rates of diabetes and obesity.

Health status indicators include a variety of traditional measures that impact the number of deaths and frequency of the occurrence of disease in a population. When analyzing the health status of the population of the region, several health status indicators are taken into consideration.

In KTHR, the percentage of the population considered obese has been steadily increasing. Obesity has become more prevalent among adults and youth in the region. Factors contributing to the increase in obesity include reduced activity, lack of family-eaten meals, increased access to convenience ("fast") foods, less homemade food and meals, and limited or poor cooking skills.

The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth 2011 reported the new national physical activity guidelines for apparently healthy children (5 to 11 years) and youth (12 to 17 years) suggests at least 60 minutes of moderate-to-vigorous intensity physical activity per day. Data from the Canadian Health Measures Survey: Physical Activity of Youth and Adults suggests only 7% of children are meeting these guidelines.

In 2011-12, the percentage of the population of the region considered moderately active or active during leisure time remained lower than both the provincial and national averages at 48.7%. Conversely, the percentage considered inactive was somewhat higher than the previous year at 51.3% and remained slightly higher than the provincial and national rates.

KTHR Primary Health Care Provider Teams have taken an active role in proactively promoting healthy lifestyles through activities and events designed to encourage regular exercise and proper nutrition. In 2011-12 the Hudson Bay Primary Health Care Provider Team developed a new program for youth with an initial focus on Grade 5 and 6 students. The program focused on wellbeing, fitness, and healthy living and ran for 12 weeks beginning in September. Youth had the opportunity to engage in a variety of activities including fitness, circuit training, cardio training, core training, yoga and Pilates. They also received education on food, nutrition, label

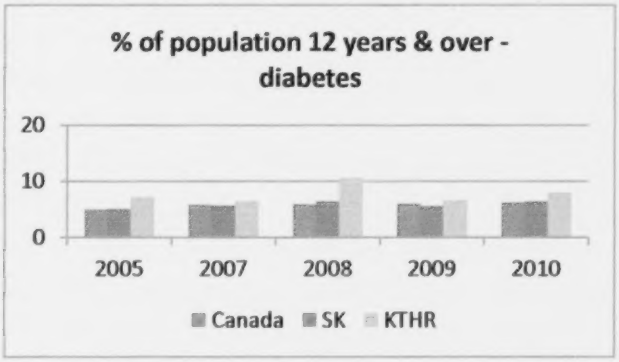
reading, what causes stress and how stress can lead to unhealthy bodies, and participated in a grocery store tour. The Hudson Bay PHC Team also ran an adult fitness and health program called "In To It".

The Nipawin PHC Provider Team annually hosts a Family Fun Day event that encourages families to "Get Up, Get Out & Get Active". In addition, the Provider Team has organized and held nutritional cooking classes for adults and youth have been involved in promoting health and physical activity events in the community including a "Walk the Trails" day.

The KTHR Therapies department led indoor walking programs for adults in Melfort, Nipawin and Tisdale in 2011-12 and offered weight loss groups in Nipawin and Arborfield. In Tisdale, the PHC Provider Team hosted a health and wellness symposium in March 2012 that featured Hal Johnson and Joanne McLeod of "Body Break". Presentations on dieting and nutrition, physical fitness and lifelong wellness were also featured.

In May 2011, the KTHR Community Wellness Coordinators, in partnership with the YWCA of Prince Albert, hosted "Girls Greenwater Getaway: The Power of Being a Girl" at Greenwater Lake Provincial Park. This was a dynamic event with topics and workshops focusing on issues relevant to adolescent girls. The conference was funded by a Community Initiatives Fund grant and was attended by 71 girls in Grades 7 through 12.

The percentage of the population 12 years and over with diabetes continues to remain high in KTHR. At 8%, the regional rate of diabetes is higher than both the provincial and national averages. The Nipawin area reports twice as many incidents of pre-diabetes as any other area of the region. While there is some genetic predisposition for diabetes, it is estimated more than half of type II diabetes cases could be delayed or prevented through healthier eating and increased physical activity.



Source: *Statistics Canada. 2011. Health Profile.*

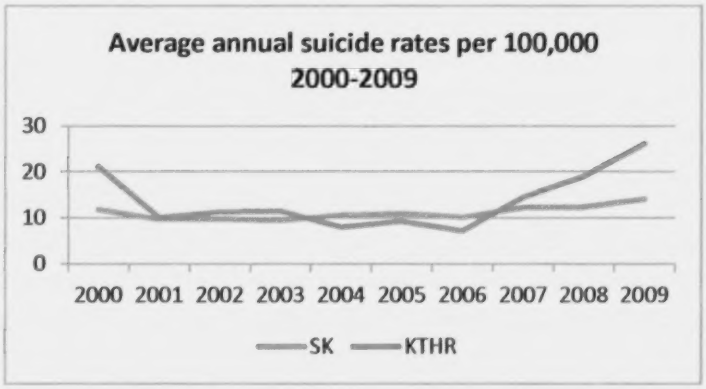
In 2011-12, KTHR Diabetes & Heart Health Centre (DHHC) teams hosted diabetes screening events in Cumberland House and Nipawin focused on early identification and prevention of diabetes. The success of the Living Well with Chronic Conditions™ (LWCC) program resulted in the KTHR program being chosen to serve as a provincial model. Documents and resources used to support the KTHR LWCC program, as well as the program format and processes, were transferred into a provincial design to be provided to all other health regions in the province.

The LWCC program is for caregivers and/or individuals living with chronic conditions and is designed to provide practical suggestions and support to build confidence in coping with the everyday challenges associated with chronic conditions.

In 2011-12, the KTHR Director Primary Health Care participated in a tour of the Aboriginal Diabetes Wellness Program in Edmonton with Prince Albert Grand Council and Prince Albert Parkland Health Region representatives in support of the development of a "Centre of Excellence for Chronic Disease Management" in Prince Albert. The centre would include a residential program, outreach services and surveillance and participatory research. The program would serve First Nations people and communities at large. The group planned to submit a funding proposal to the Aboriginal Health Transition Fund.

At 80 per 100,000 population in KTHR, the Saskatchewan Health Service Utilization Reports 2008-09 average annual age-standardized death rate for endocrine, nutritional and metabolic diseases (which includes conditions such as diabetes, hypoglycaemia, malnutrition and obesity), was over twice as high as the provincial rate of 39.

The region's average annual age-standardized death rate for external causes of morbidity and mortality (which includes accidents, suicides and assaults) was significantly higher than the provincial average of 57 at 71 per 100,000. The incidence of suicide in the health region was almost twice as high as the provincial rate and was the fourth highest rate in the province. In 2009, KTHR's average annual suicide rate was 26.2 per 100,000, significantly higher than the previous year's rate of 19.0 as well as the 2009 provincial rate of 14.1.



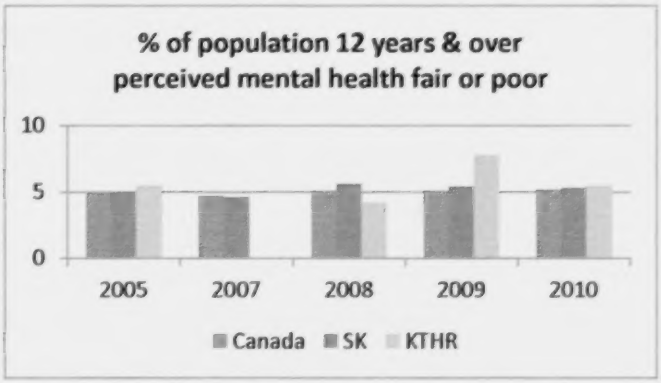
Source: Saskatchewan Health Service Utilization Reports 2008-09

Mental health is a growing concern among the Aboriginal population of the central region, according to the Indigenous Peoples' Health Research Centre. Concerns include drug-induced mental illness, suicide and depression, particularly among youth. Abuse issues surrounding domestic violence, Elder violence, child abuse and neglect are also of concern and, along with the socio-economic determinants of health, appear to have a direct relationship with mental health.

The regional average annual age-standardized death rate for mental and behavioural disorders, which includes conditions such as unspecified dementia and alcohol dependence syndrome, is

the highest in the province at 43 per 100,000 and significantly higher than the provincial rate of 30. The Indigenous Peoples' Health Research Centre reports addictions are becoming an increasing problem among Aboriginal communities in the central region. The top addiction concerns include alcohol, smoking, gambling and prescription drug abuse. Children and youth are becoming involved in addictive behaviours at younger ages. The impact of addictions in Aboriginal communities includes additional concerns surrounding infectious diseases, fetal alcohol syndrome, chronic conditions, sexually transmitted infections, increasing teen pregnancy rates, violence, crime and child neglect.

Individual perception of mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress. In KTHR, 63.2% of the population 12 years and over perceived their mental health as very good or excellent, a decrease from the 2008 rate of 72.8% and less than the provincial average of 71.7%. The percentage of those that perceived their mental health as fair or poor increased from 4.2% in 2008 to 7.8% in 2009 and was higher than both the provincial and national averages.



Note: *KTHR 2007 data is considered too unreliable to report.*
Source: Statistics Canada

Community Mental Health Nursing was added as a component to the Child and Youth programs for the region in 2011-12 due to an increase in the number of children's referrals coming from Saskatoon Heath Region psychiatrists requiring nursing as part of their care plan.

The KTHR Population Health Educator completed the "Train the Trainer" program for the Living Work Program involving suicide prevention. Among those that have participated in the training sessions are KTHR Mental Health & Addiction Services staff, other health region staff, and employees of Social Services, the RCMP and other regional community-based organizations.

KTHR had 15 youth ranging in ages from eight to 17 years registered for summer recreation programming through the Kids and Leisure Activities (KALI) program in 2011-12. KALI is a recreational program that provides opportunities for children and youth affected by a mental health/substance use disorder or a parent/caregiver with a mental health or substance use disorder. The program is designed to offer participation in a group setting for the children and youth to experience the benefit of meaningful recreation including physical activity, experience in music and arts and peer-to-peer socialization.

The KTHR Mental Health and Addiction Service Recreation Therapy Program organized an event featuring the "Joy of Jammin'", a group of mental health clients from Saskatoon who have formed a musical ensemble. They traveled to Melfort in March 2012 to participate in a music workshop which included KTHR mental health clients who had an interest in music performance. The event concluded with a concert open to the public that featured the "Joy of Jammin'" group and the Melfort & Unit Comprehensive Unit high school Swing Choir.

The region's high suicide rate was identified as one of KTHR's breakthrough initiatives for the 2012-13 fiscal year. Breakthrough work will focus on training health care providers using the Living Works training program, Applied Suicide Intervention Skills Training (ASIST) and Safe Talk to train health region staff to respond to patients identified as at risk for suicide. The training will occur over an 18 month period concluding September 2013. Emergency Room nurses have been identified as a priority and will complete ASIST training by November 2012.

At 98 per 100,000, diseases of the respiratory system (including influenza, bronchitis, asthma and emphysema) were also higher in KTHR than the provincial average of 77. At an average annual regional rate of 46 per 100,000, diseases of the digestive system (including appendicitis, Crohn's disease, hepatitis and other diseases and disorders of the oral cavity, stomach, liver, bowels, etc.) were also higher than the provincial rate of 34.

The Pulmonary Rehabilitation program, a joint effort between the KTHR Therapies and PHC departments, continued to be offered in four communities in the region in 2011-12. The goal of the program is to provide clients with Chronic Obstructive Pulmonary Disease (COPD) with access to a program that enables them to understand their disease, increase confidence in managing their condition, and increase exercise tolerance.

Infant mortality is one of the most widely recognized indicators of the overall health of a population, reflecting the level of mortality, health status and health care of the population, the effectiveness of preventative care and the attention paid to maternal and child health. Infant deaths warn of possible deficiencies in the physical and socio-economic environment, nutrition, education or health of the community. The regional infant mortality rate was 10.4 per 1,000 live births, higher than the provincial rate of 6.3 and more than twice the national rate of 5.0.

In 2011-12, KTHR hosted an Intrapartum workshop funded by the SUN/KTHR Retention & Recruitment Committee. In total, 22 KTHR RNs attended the workshop entitled "Best Practices in Intrapartum Care". The regional Maternal Child Committee, a multidisciplinary committee including representation from public health, mental health, acute care and physicians, continued to meet on a regular basis. The committee is responsible for reviewing trends and best practises supportive of improving mother and infant health outcomes.

In January 2012, more than 25 family physicians, Nurse Practitioners and Registered Nurses from the region and the province participated in the Advances in Labour and Risk Management (ALARM) national certificate program of the Society of Obstetricians and Gynaecologists of Canada (SOGC) held in Melfort. A continuing education program, the objective of ALARM is to improve the outcome and process of intrapartum care through a course based on current evidence about what works. The program was taught by a faculty that included family physicians, nurses, midwives and obstetricians from across the country. Upon successful completion of a written exam and skills test, all participants received a certificate.

Poor oral health and untreated tooth decay is a huge economic burden that exceeds most other health conditions. The burden is disproportionately greater on lower income people and Aboriginal populations. According to the *2008-09 Saskatchewan Dental Health Screening Program Report*, KTHR consistently ranked third for poorest dental health in the province among Grade 1 students. Data for Grade 7 students also indicated poorer dental health than the provincial average in several areas. The region was lower than the provincial average in the percentage of cavity-free children. The provincial report indicated children from rural, low income neighbourhood schools, Hutterite schools, and schools without access to community water fluoridation were more likely to experience caries, pain or infection, show no evidence of care and were less likely to be cavity-free. Only 40% of students attending schools in KTHR have access to fluoridated water which is available in only five communities.

KTHR's "Paint a Happy Smile" fluoride varnish program continued to be offered to preschoolers (3 to 5 year olds) in the region, providing dental screening and fluoride treatment. Children who participated in the program had significantly better dental health than non-participants who reported 23% more decay, according to the *KTHR Dental Health Screening Program Report – Grade One & Grade Seven 2008-09*. The report indicated 46% of participating children were cavity-free as compared to just 25% who did not take advantage of the preventative program. The successful KTHR program has been adapted and was offered to the rest of the province through the Enhanced Preventative Dental Services beginning in 2011-12.

The number of lab confirmed syphilis cases reported in KTHR in 2011-12 increased with five cases as opposed to just one last year. The average age of clients testing positive for syphilis is in the 15 to 25 year age group. The increase in cases of syphilis is a provincial issue and is not limited to KTHR. At the provincial level, work has been initiated on the development of a Sexually Transmitted Infections (STI) Strategy that will involve collaboration with all health regions, including KTHR. The KTHR Medical Health Officer has communicated the provincial increase in syphilis cases to regional physicians and NPs and provided them with guidelines for

identifying and testing high risk individuals. KTHR continued to provide the Human Pappilloma Virus (HPV) vaccine for eligible Grade 6 girls in 2011-12.

The regional number of new cases of Hepatitis C continued to increase, averaging seven new cases per year over the past six years. New cases of Hepatitis C are often associated with injection drug use which is being monitored through the provincial HIV strategy. A limited needle exchange program is also available to clients in KTHR through Mental Health and Addiction Services.

The number of animal bite investigations increased from 79 cases in 2010-11 to 98 in 2011-12. The number of animals testing positive for rabies also increased and, as a result, 15 clients received rabies immune globulin and rabies vaccines in 2011-12. There was a five percent increase in the total influenza vaccine doses given in KTHR in 2011-12 however, the number of health region staff receiving influenza immunization decreased by five percent and continues to fall between 55 and 65 percent annually.

According to 2011 Covered Population statistics, almost 20% of the region's population was 65 years of age and older, significantly higher than the provincial average. Even more significant is the population 80 years and over which represented almost seven percent of the region's total population as compared to almost five percent of the provincial population.

Due to the large regional proportion of persons 80 years and over, earlier hospital discharge, increased client acuity and complexity, Home Care experienced significant pressure in trying to meet client needs in 2011-12. The 2010-11 Community Program Profile prepared by the Community Care Branch of the Ministry of Health indicated more than 51% of KTHR's home care clients were 80 years and older as compared to just over 31% provincially. At 68%, the highest percent of home care services in KTHR were delivered to clients 80 years and over, significantly more than the provincial average of 56%.

Most KTHR home care clients are medically complex, have impaired cognition and/or functional limitations. Over 30% of KTHR home care clients scored greater than three on the Depression Rating Scale (DRS), indicating potential depressive disorder. Provincially, only 22% of home care clients recorded scores greater than three. When a score identifies an at-risk client, Social Work services are initially offered to the client. Physicians are provided with a progress summary for at-risk clients which is also used to provide direction for follow-up care. If a referral to Mental Health is deemed necessary, Home Care and Mental Health Nursing collaborate on client treatment and care options.

Analysis of regional Methods of Assigning Priority Levels (MAPLe) scores, a tool used to prioritize clients needing community or facility-based services, indicated 32.6% of KTHR clients are being prioritized at level five, considered very high priority for risk of adverse health.

Provincially, 22% are considered level five. MAPLe scores are considered a powerful predictor for admission to long term care and may indicate caregiver distress with higher scores indicating greater need for increased home care services and/or priority for placement for clients that cannot be managed at home.

In 2011-12, KTHR had the lowest number of Institutional Supportive Care/Personal Care Home (ISC/PCH) beds per 1000 population 75 years and older at 11 bed. The provincial average was 41 beds/1000 population. Fewer long term care and PCH beds per 1000 population have an impact on home care utilization as clients still require care. Clients that cannot be admitted into long term care are receiving care in the home or as alternate level of care in hospital. KTHR has the least number of personal care homes in the province.

There is a gradual increase in workload associated with, and the level of care required by, residents of long term care facilities. Staff deal with increasing incidents of behavioural problems, aggression, wound care, palliative care and planning for demanding care. There was no significant increase in long term care staff in 2011-12.

Progress in 2011-12

The Ministry of Health develops and issues an annual document which clarifies the performance relationship between the Ministry and the health region. The Accountability Document is focused on the strategic directions for the health region and the Ministry's expectations for the region, complementing existing legislation, regulations, contracts, Ministerial directives and policies. All assumptions and accountabilities within the Accountability Document are prepared within the strategic framework as outlined in the 2011-12 Strategic & Operational Directions for the Health Sector (SOD). Focusing on health of the individual, health of the population, providers, sustainability and supportive processes, these areas of emphasis translate the region's vision, goals and priorities into a comprehensive set of performance measures which provide a framework for implementing organizational strategy directed at meeting the 2011-12 targets as outlined in the SOD.

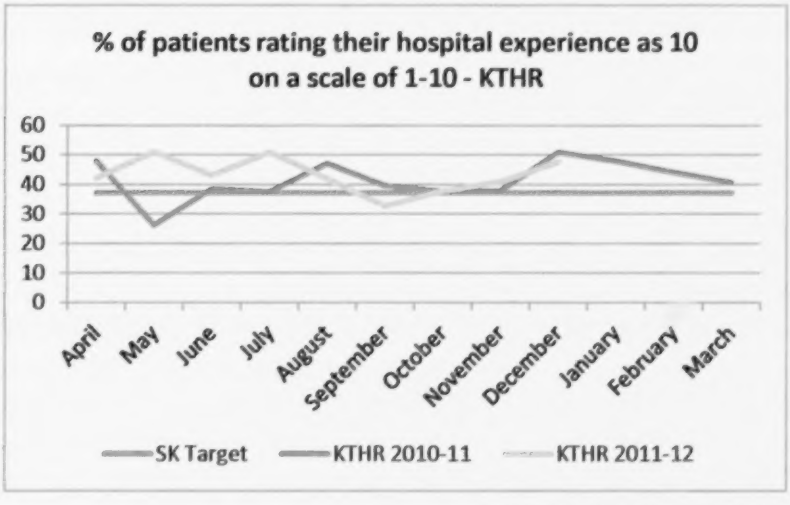
STRATEGIC FOCUS – *HEALTH OF THE INDIVIDUAL*

The Kelsey Trail Regional Health Authority supports Government's goal to improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

Percent of clients rating their hospital experience as 10 on a scale of 1-10

Results:

Using baseline data from the Health Quality Council (HQC) Patient Experience Survey indicator, Kelsey Trail consistently met or exceeded the provincial target of 37.1%, recording a mean rate of 46.1% for the period April 2011-December 2011. The region's performance during this fiscal year was consistent



Source: *HQC Quality Insight*

Note: January-March 2012 data is unavailable

with the previous year. With few exceptions, the percentage of patients rating their hospital experience as 10 on a scale of 1-10 in KTHR has consistently been above the provincial mean.

KTHR Results:

- Between January and March 2011, Health Quality Council conducted an Emergency Department Patient Experience survey in which Melfort Hospital was one of the 14 pilot sites. Provincially, 21.6% of patients reported "excellent" overall care. Melfort Hospital exceeded the provincial average with 29.5% of unscheduled emergency department visits reporting excellent overall care.
- In total, 75.7% of active staff received orientation to the regional service delivery expectation program "Compassion In Action" as of March 31, 2012. New staff began receiving the training through the regional orientation program in March 2012. New employees do not receive the training until they have completed six months of employment with the health region.

Initiative: Each RHA, the Saskatchewan Cancer Agency, the Athabasca Health Authority and affiliate organizations will develop a plan on how their organization will adopt patient and family-centred care (PFCC) over the next 10 years, using the provincial framework as their guide and begin implementation according to this plan

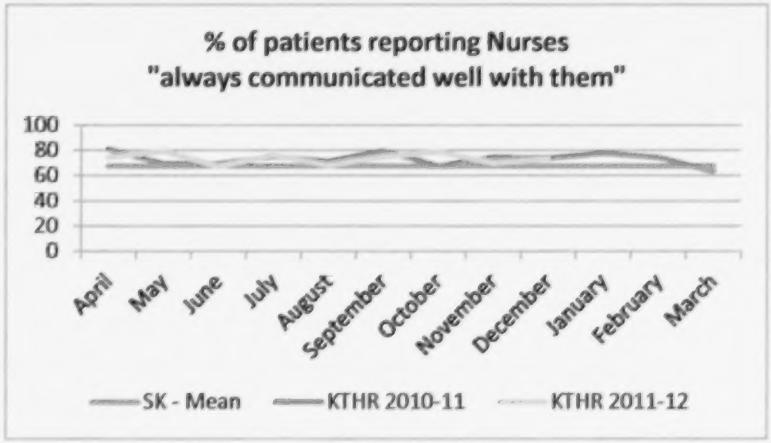
Results:

- The RHA approved the regional PFCC implementation plan in March 2011. Through the plan, KTHR will increase awareness and understanding of what PFCC is; empower patients and families to take ownership of and engage them as partners in their health care; and incorporate a PFCC approach at all levels of the organization.
- Baseline data will be collected by December 12, 2012.
- Goals:
  - 80% of staff receive PFCC education by September 30, 2013
  - 80% of patients and families indicate they feel staff listened and respected them as a partner in their care by March 2017
- Limited human and financial resources will pose challenges in achieving the goals of the plan.

Measure: % of patients reporting that nurses "Always communicated well with them"

Results:

Over the past two fiscal years, KTHR has consistently remained at or above the provincial mean of 67.49%. The lone exception was recorded in March 2011 when the region dipped slightly below the provincial rate to 63.3%.



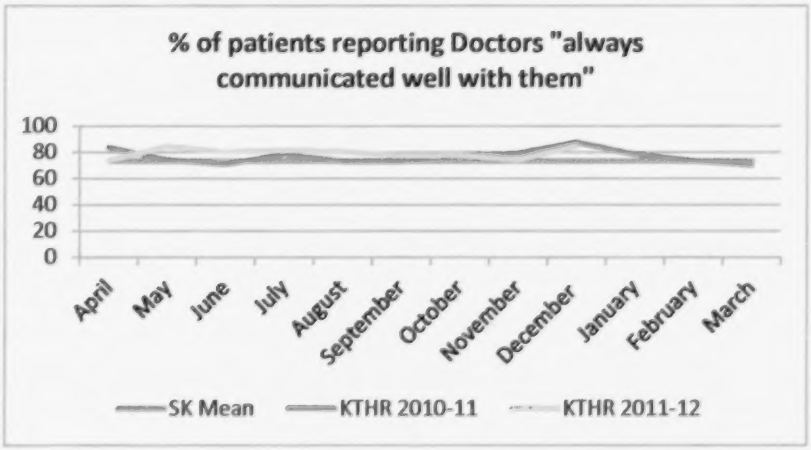
Source: *HQC Quality Insight*
Note: January-March 2012 data is unavailable

The implementation of the regional service expectation training program may have influenced the results of this measure. It appears that the ongoing nursing shortages being experience at various locations throughout the region have not had a significant impact on results.

Measure: % of patients reporting that doctors "Always communicated well with them"

Results:

During the 2011-12 fiscal year, KTHR was at or above the Saskatchewan mean of 73.4%. In the previous year, the region dipped below the provincial mean in June, August, September and March. The previous year's results may reflect physician shortages being experienced in some parts of the region.



Source: *HQC Quality Insight*
Note: January-March 2012 data is unavailable

Initiative: All health regions to work collaboratively with the Ministry of Health on implementing the priorities recommended by the Addictions Advisory Committee, Drug Treatment Funding Program, the MOU on First Nations Health and Well Being, and Lean

Results:

- KTHR Mental Health and Addiction Services (MHAS) Department was one of three regions in the province that participated in provincial pilot projects for intake screening and primary assessment which "tested" a province-wide system for screening new referrals to MHAS. The system uses a standardized tool for screening clients for the required service, provides a triage system to determine severity, and uses an algorithm to define the required response time based on the level of severity. Provincial implementation of the intake screening and primary assessment began January 1, 2012.
- KTHR MHAS participated in the pilot project for the Individualized Service Plan (ISP), a communication tool for clients and their care providers with complex/multiple service needs.

KTHR Results:

- KTHR MHAS staff participated in value stream mapping to identify value-added components of the region-wide intake process for MHAS and work toward eliminating waste.
- KTHR MHAS implemented Clinical Practice Redesign (CPR), allowing Assessor/Coordinators to assign a client to a clinician and provide an appointment date and time when a client calls for service. Implementation of new discharge rates protocols along with clinical practice guidelines eliminated waitlists for all MHAS programs.

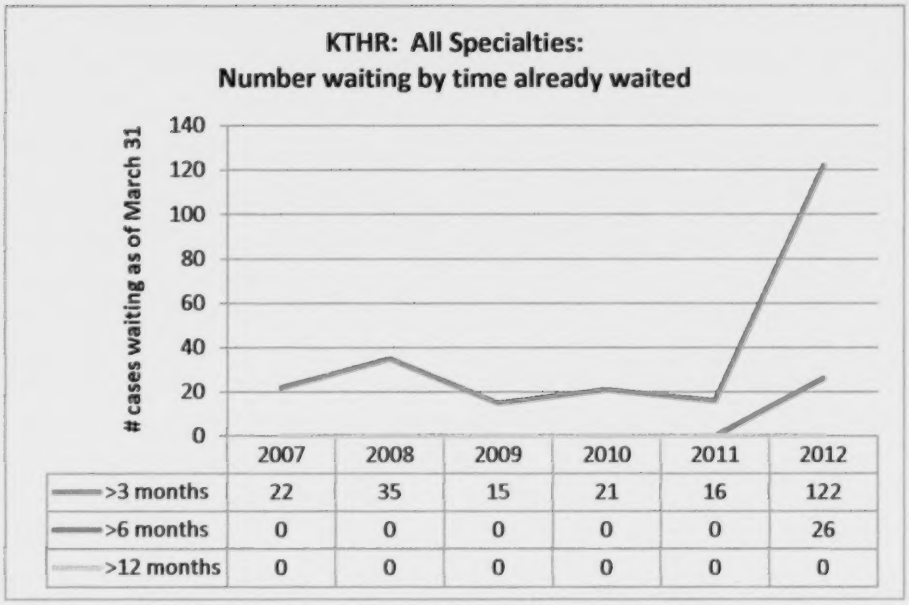
The Kelsey Trail Regional Health Authority supports Government's goal to achieve timely access to evidence-based and quality health services and supports

Number of patients waiting longer than 12 months for surgery

Results:

KTHR met and exceeded the target for all patients to be offered the option to have surgery within 12 months by March 31, 2012.

Kelsey Trail Health Region achieved 100% of the target, exceeding the provincial average of 97%. No surgical wait times have exceeded 12 months in KTHR for the past two fiscal years.



	2007	2008	2009	2010	2011	2012
>3 months	22	35	15	21	16	122
>6 months	0	0	0	0	0	26
>12 months	0	0	0	0	0	0

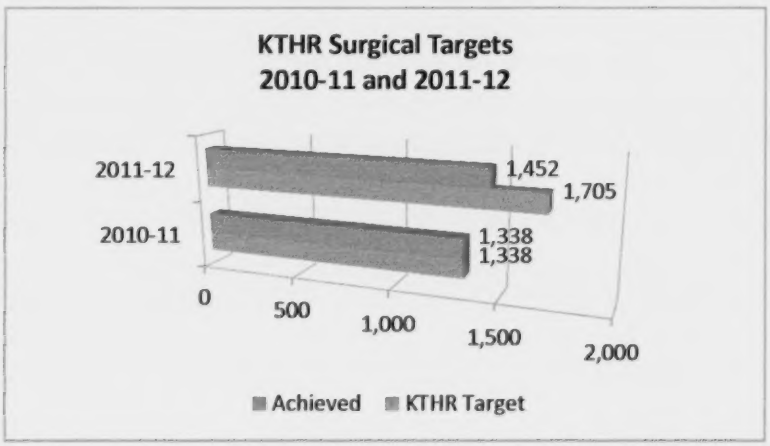
Source: SK surgical patient registry data mart

In KTHR, 80% of surgeries were performed within three months as compared to 77% provincially. The majority of those waiting more than three months for surgery were dental or ophthalmology patients. The increase in those waiting more than three months was primarily due to patients who refused suggested surgical appointment dates or did not show up for their scheduled surgery.

KTHR Results:

- **Surgical Targets**

KTHR did not meet the 2011-12 surgical target of 1,705 surgeries (actual: 1452 or 85% of target). The 2011-12 surgical target represented an increased volume of 350 surgeries over the previous year. In 2010-11, the Kelsey Trail achieved 100% of the 1,338 targeted surgeries.



Source: *Ministry of Health, Surgical Initiative Branch*

Surgical results were impacted by OR cancellations due to low volume, OR staffing issues, unavailability of anaesthesiologists, no alternate days for rescheduling or patient refusal of dates.

The region faced several challenges in trying to meet the surgical target. Human resources were the single greatest challenge to achieving surgical volumes and included factors such as the withdrawal of services by itinerant surgeons, the region's inability to maintain continuous anaesthetic coverage, the growing number of OR RNs nearing retirement and the ability to recruit new RNs to the OR program.

Throughout the fiscal year, KTHR took action to address the issues associated with achieving surgical targets, including:

- discussing the existing surgical program with itinerant surgeons to determine if the number of procedures could be increased
- contacting the Prince Albert Parkland Health Region's Anaesthetic department to determine if Locum Anaesthetic coverage could be provided
- development of a strategy to address surgical "no shows", the majority of which were for dental surgery

Funding support from the Ministry of Health through the Saskatchewan Surgical Initiative supported KTHR with:

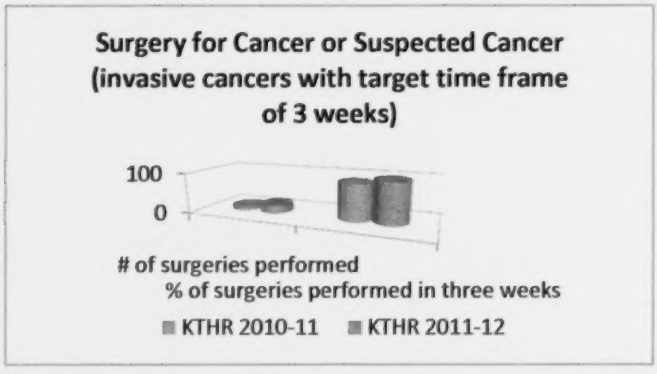
- four additional surgical OR days per month for dental and orthopaedic surgery at Nipawin Hospital
- 60 additional ERCP (Endoscopic Retrograde Cholecystectomy Program) procedures
- 185 additional cataract surgeries at Melfort Hospital
- 5.48 new FTE positions (3.62 RN FTEs, .95 Environmental Services FTE, and .90 Occupational Therapy/Physiotherapy FTE)

Percent of invasive cancer surgeries performed within three weeks

Results:

KTHR exceeded the target of 95% of invasive cancer surgeries to be performed within three weeks, achieving 100%.

Compared to the previous years, KTHR's performance has improved. In


Surgery for Cancer or Suspected Cancer (invasive cancers with target time frame of 3 weeks)
100
0
# of surgeries performed
% of surgeries performed in three weeks
KTHR 2010-11
KTHR 2011-12

Source: SK surgical patient registry data

2010-11, the region performed 88.9% of surgeries within three weeks.

Initiative: Saskatchewan Surgical Initiative (SKSI)

Measure: Increase physician participation in Clinical Practice Redesign (CPR)

KTHR Results:

- Saskatchewan Health Quality Council (HQC) funded KTHR for a two-year Clinical Practice Redesign (CPR) position to coach and support all physician practices, all disciplines, and office staff in their work to improve the client experience, office flow and efficiency. The initiative is being led by HQC and was designed in partnership with the Ministry of Health, Saskatchewan Medical Association, Regional Health Authorities, physicians (both family physicians and specialists), office managers and staff, and patients.
- Approximately 40 KTHR physicians and clinic staff participated in a Telehealth session on CPR in November 2011 with representation from Nipawin (18), Tisdale (13), Hudson Bay (2), Carrot River (2) and Melfort (5).
- Five fee-for-service physicians in Melfort and Primary Health Care Provider Teams at Tisdale Medical Clinic, Nipawin Medical Group, Nipawin Health Centre, Cumberland House Health Centre, Naicam Medical Clinic and Carrot River Medical Clinic were engaged in CPR, with development continuing into 2012-13. Progress at both clinics in Nipawin was challenging due to a physician shortage in that community.
- HQC selected Tisdale Medical Clinic as one of five teams to participate in an international patient care summit on CPR in Washington, DC in March of 2012.

Measure: Train Family Physicians in the assessment and treatment of lower back pain to reduce the number of MRIs for lower back injuries

KTHR Results:

- KTHR achieved the SKSI target with 50% of family physicians completing the online course for assessment and treatment of lower back pain by March 31, 2012.
- Two Occupational Therapists, one Exercise Therapist, nine Physical Therapists and eight of the region's nine Nurse Practitioners also completed the spinal pathway course by March 31, 2012. The Saskatoon Spinal Assessment team provided hands-on training for KTHR staff.

Measure: Reduce the number of individuals waiting for LTC in acute care

Results:

- KTHR did not meet the provincial target of 3.5% or less (average of 4.1 persons) of total acute care beds occupied by clients awaiting long term care placement by March 31, 2012. KTHR recorded an average of 9.6% (an average of 11.1 persons) awaiting long term care placement in acute care beds, an increase over 2010-11 when the average was 7% or 7.6 persons.
- KTHR continued to place strong emphasis on discharge planning and timely assessments for patients awaiting long term care assessment and placement.
- Increased volumes and workload in Home Care, in combination with staffing shortages, impacted the region's ability to meet the target.

Measure: Develop & submit a plan to ensure targeted funds are allocated to home care and rehabilitation therapies and support the surgical experience

Results:

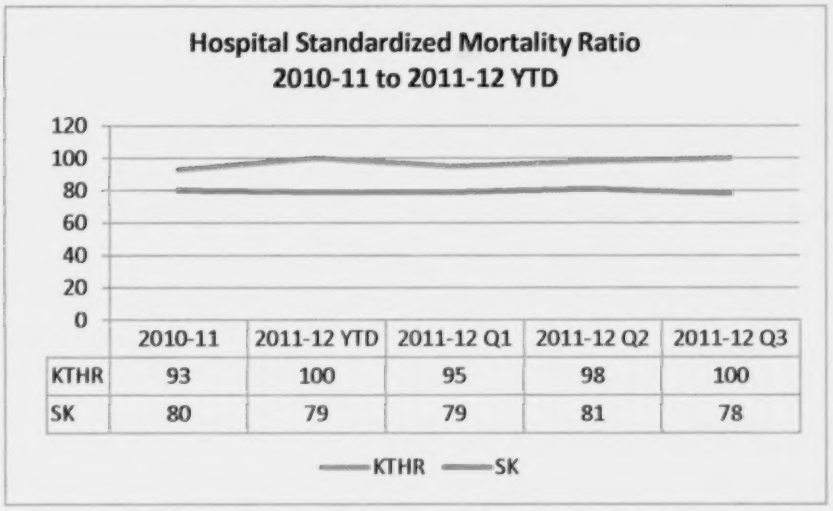
- The Ministry of Health approved the rehabilitation and home care plan submitted by KTHR in July 2011.
- $72,000 in surgical initiative funding was approved for enhanced home care services to include additional nursing and home health aide services.
- Additional home care services supported surgical patients through enhancement of the hours for home care nurses performing discharge planning from acute care; enabling home care nurses to follow clients up at home; and provided in-home and personal care, including assignment and delegation of nursing tasks and activation/physical therapy by Home Health Aides.
- In total, 248 post-surgical clients received home care during the 2011-12 fiscal year. During the fourth quarter, KTHR reported a significant 35% increase in home care service provision for post-op fractures with 89 clients in the fourth quarter as compared to 66 in the third. Winter weather conditions may have had an impact on the increase.

The Kelsey Trail Regional Health Authority supports Government's goal to continuously improve health care safety in partnership with patients and families

Provincial Hospital Standardized Mortality Ratio (HSMR)

Results:

KTHR did not meet the target for the 2011-12 HSMR to be lower than reported in the previous fiscal year, reporting an HSMR of 100 to the end of the third quarter of 2011-12. The region recorded an HSMR of 93 in 2010-11.



	2010-11	2011-12 YTD	2011-12 Q1	2011-12 Q2	2011-12 Q3
KTHR	93	100	95	98	100
SK	80	79	79	81	78

Source: *Canadian Institute for Health Information*
April 4, 2012 cut of the Discharge Abstract Database

HSMR is calculated as the ratio of actual (observed) deaths to expected deaths, multiplied by 100. A ratio equal to 100 is the Canadian average HSMR in 2004-05. A HSMR greater or less than 100 suggests that a local mortality rate is worse or better than the national average respectively. The 2010-11 provincial HSMR was 80 which is one point worse than the 2011-12 year-to-date HSMR of 79.

Data for the first to third quarters of 2010-11 indicate KTHR reported values are higher than the provincial average in all three quarters.

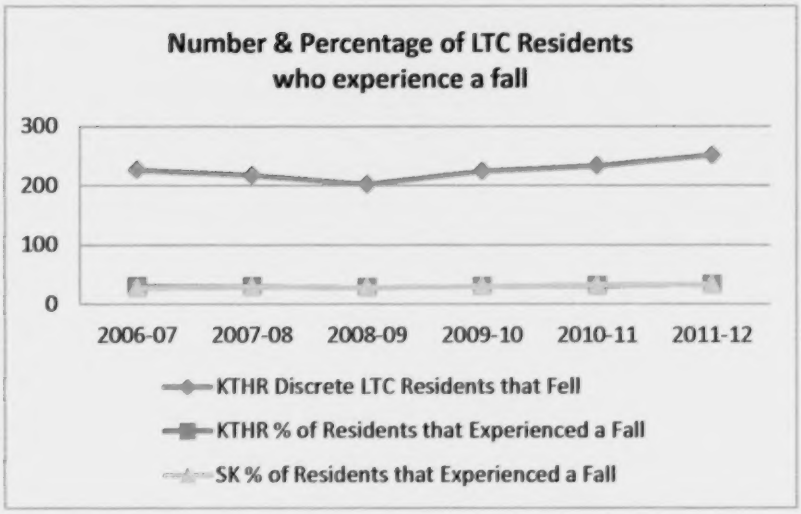
Note: Data for 2011-12 is incomplete, therefore values will change. KTHR hospitals with incomplete data for the third quarter were Hudson Bay Health Care Facility, Nipawin Hospital and Porcupine Carragana Hospital. CIHI has recently changed their HSMR methodology and the values reported are based on the old methodology.

Number and percentage of long term care residents who experience a fall

Results:

KTHR did not meet the provincial target for a 20% reduction of falls among long term care residents of by March 31, 2012. In 2011-12, 33% of KTHR long term care residents experienced a fall or near-fall, a slight increase from 32% in 2010-11.

Provincially, no Regional Health Authority achieved the target. The 2011-12 provincial average of 33% was a slight increase over last year's average of 32%. KTHR averages have remained consistent with provincial falls data over the past five fiscal years.



Source: *Community Care Branch, Ministry of Health*

Reporting for this measure is based on data from the Minimum Data Set (MDS) assessments which are to be completed for all LTC residents. The data represents a discrete number of LTC residents who fell or experienced a near-fall rather than the total number of falls that occur therefore, the target will be difficult to achieve. The target measures reductions in the number of falls but does not measure reductions in the number of individuals that have fallen.

KTHR Results:

- Key interventions implemented in KTHR long term care facilities include:
  - Blood pressure on admission
  - Three questions: before leaving a room, asking long term care residents - 1) if they need to use the toilet, 2) if they have any pain and 3) if they need anything else
  - Post-fall staff huddles
- Development of regional falls policy for acute, long term care and home care
- Conducting environmental assessments upon admission, after a fall, and every six months
- The purchase and trial of shoe horns, reaches and anti-slip socks
- Inventory checklists

Initiative: Compliance with Canadian Standards Association (CSA) and Accreditation Canada standards for infection prevention & control

Results:

- KTHR has "met" compliance criteria for each infection control Required Organizational Practice (ROP) as evaluated by Accreditation Canada in the region's Accreditation Survey in April 2011. KTHR achieved a 97% compliance rate for standards for Infection Prevention & Control (IPAC) and a 95% compliance rate for standards for Reprocessing and Sterilization of Reusable Medical Devices.
- In accordance with the Accreditation Canada ROP, "The organization tracks infection rates, analyzes the information to identify clusters, outbreaks, and trends over time, and shares this throughout the organization", the region tracks infection rates in long term and acute care. For the period April 1st to December 31, 2011, KTHR recorded a long term care Health Care Associated Infection (HCAI) rate of 1.55% per 1,000 resident days, less than the rate of 2.60% recorded in the 2010-11 fiscal year. Kelsey Trail Health's acute care HCAI rate over the same period in 2011-12 was 0.81% per 1,000 patient days, slightly higher than the rate of 0.75% recorded in the previous fiscal year.
- With the guidance and support of the regional Infection Control Nurse, all facilities monitor targeted IPAC processes with regular audits and processes. The Infection Control Nurse is responsible for ensuring the IPAC program is responsive to Accreditation ROPs, CSA standards and Ministry recommendations and constantly monitors the program to ensure priorities are consistent with organizational goals. The region focused on continuing to fully integrate IPAC into all program areas and practices in 2011-12. In 2011-12, the centralization of sterilization expanded to include the Charlebois School dental instruments from Cumberland House.

Initiative: Implement a formal Medication Reconciliation program in compliance with Accreditation Canada standards and consistent with Canada's *SaferHealthcare Now!* campaign to prevent medication errors at patient transition points

Results:

- KTHR successfully met the target for the proportion of clients receiving formal medication reconciliation at admission to acute or long term care with 100% of acute care facilities in the region completing medication reconciliation on admission by March 31, 2012. The pilot for the implementation of medication reconciliation on admission to long term care began in Nipawin in February 2012.
- Quarter 2, 3 and 4 results for process audits for medication reconciliation at admission to acute care in 2011-12 indicated KTHR achieved 83% compliance in Q2, 78% compliance in Q3 and 70% compliance in Q4.

- Declining compliance rates triggered corrective action in the form of retraining nurses in the audit process.
- KTHR met the target for the implementation of medication reconciliation in at least one client service area at discharge or transfer from acute care, with 2 of 6 (33.3%) acute care facilities in the region completing medication reconciliation on discharge by March 31, 2012. The Hudson Bay Health Care Facility piloted the new process for discharge in January 2012 and it is being rolled out to other acute care facilities in the region.

Initiative: Identify medication review processes being used in Long Term Care

KTHR Results:

- KTHR Long Term Care medication review processes vary by facility. Medication review processes are conducted on a quarterly basis by all LTC facilities.
- All KTHR long term care facilities report medication incidents. One long term care facility in the region is a pilot site for the evaluation of a national medication incident reporting system.
- Community pharmacies providing services to KTHR are encouraged to review patient medications and medication distribution in a safe and effective manner.

Initiative: Saskatchewan Surgical Initiative (SKSI)

Measure: Implement a 3-part Surgical Safety Checklist

Results:

- KTHR performed and submitted an audit, dated May 9, 2011, establishing baseline data indicating a zero percent completion rate.
- Quarterly completion results for the entire checklist reported 67% in Q2, 88% in Q3 and 42% in Q4 for an average of 65.6% for the 2011-12 fiscal year, below the target of 95% implementation by March 31, 2012.
- Audit analysis indicated challenges in the briefing and debriefing sections. One site experienced challenges in meeting completion requirements in the briefing component due to difficulty with the inclusion of all participants (Surgeon, Anaesthetist, Patient and Nursing). KTHR operates one operating room per day with the same surgeon and anaesthetist, both of whom have patient care-related duties that took them out of the operating room. (Waiting for all participants to be present for the briefing section of the surgical checklist can result in significant delays in the OR. At the other surgical site, itinerant surgeons and anaesthetists with no other duties outside the OR are performing the checklist and do not experience the same challenges.)

Measure: Implement all components of the Surgical Site Infections (SSI) Bundle from SHN!

Results:

- KTHR implemented 29% of the components of the SSI Bundle from *SHN!* and therefore, did not achieve the target of 95% by March 31, 2012.
- Policies for hair removal and pre-operative skin preparation were implemented in January 2012. Policies for normothermia, the care plan of the OR patient, standards of care for PACU and glucose control were expected to be implemented in April 2012 with surgical prophylactic antibiotics following in May 2012.

STRATEGIC FOCUS – *HEALTH OF THE POPULATION*

The Kelsey Trail Regional Health Authority supports Government's goal to improve population health through health promotion, protection and disease prevention

Number of children (age 0-5) who require dental surgery under general anaesthesia to treat Early Childhood Tooth Decay (ECTD)

KTHR Results:

- Kelsey Trail Health Region achieved the target to collected baseline data for the one year period ending March 31, 2012 indicating:
  - 181 children received dental treatment under general anaesthesia; and
  - 99 children remained on the waiting list
- Provincial data from the Population Health Branch, Ministry of Health (May 2011) indicates 43% of all paediatric surgeries under General Anaesthetic for children under age 6 are for dental treatment. Approximately 1,800 children under the age of five undergo dental surgery under general anaesthetic each year in Saskatchewan. An estimated 1600 more are placed on wait lists for as long as 12-18 months.
- Through the oral health strategy, KTHR received funding to support an additional 130 dental surgeries in the region.

Initiative: Implementation of the provincial comprehensive Tobacco Reduction Strategy

KTHR Results:

- KTHR facilities, vehicles and property went tobacco-free April 1, 2011.
- One-time funding support of up to $150 for tobacco cessation was available to KTHR employees until March 31, 2012.
- Public Health Nurses implemented the exposure to second-hand smoke section of the provincial Child Health Clinic guidelines in 2011-12. At two-month child health clinic appointments, parents are now questioned about infant exposure to second-hand smoke and counselled on the basis of their response.

Initiative: Implement key recommendations from the children's oral health strategy that will enable good nutrition and oral hygiene practices for children at risk of severe tooth decay

KTHR Results:

- Implementation of the key recommendations of the children's oral health strategy through the introduction of new Enhanced Preventive Dental Services (EPDS) began in Kelsey Trail Health Region in January 2012.
- The new EPDS are based on the Canadian Oral Health Strategy (COHS) Guidelines. Every five years, Dental Health Educators (DHEs) select specific target ages for dental screening. In 2008 – 09, Grade 1 and Grade 7 children were selected and DHEs provided dental screening for those selected populations.
- In Saskatchewan, the COHS Guidelines for children age 6 are:
  - At age 6, 50% of children have never experienced dental decay. KTHR was significantly below the guidelines at 34% in 2011-12.
  - At age 6, no more than 20% of children have unmet dental needs. KTHR was almost two times higher than the guidelines at 38%.
- In Saskatchewan, the COHS Guidelines for children age 12 are:
  - At age 12, 75% of children have never experienced decay in their permanent teeth. KTHR did not meet the guidelines, at 59%.
  - At age 12, no more than 10% of children have unmet dental needs. At 14%, KTHR was higher than the guidelines.
  - At age 12, an average "DMFT" (Decayed, Missing, Filled Permanent Teeth) of 1.0 or less. The average in KTHR was almost four times that of the guidelines at 3.9.
  - At age 12, a "Significant Caries Index" of 3.0 or less. KTHR met the guideline with a "Significant Caries Index" of 3.0.
- The successful KTHR preschool dental health fluoride varnish program "Paint A Happy Smile", which has been in operation regionally since 2000, has been adapted and is now

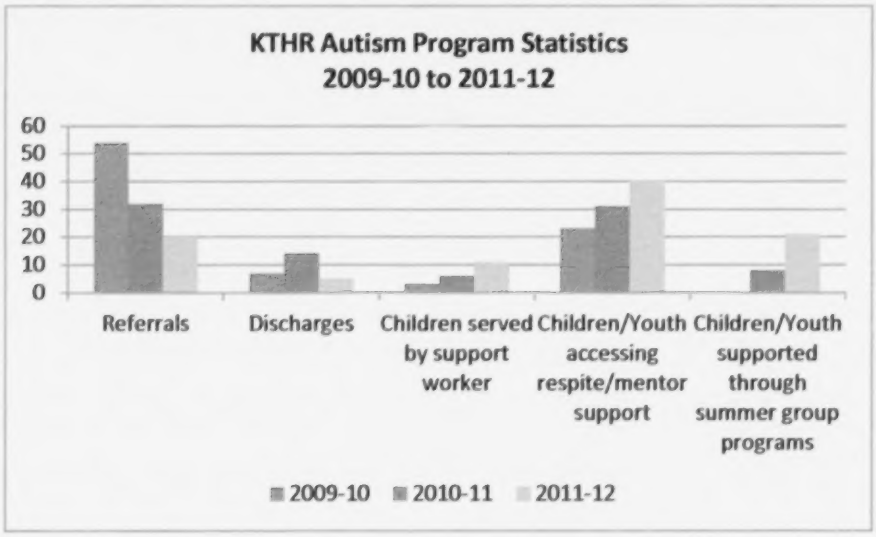
being offered to the rest of the province through the EPDS, supported by additional one-time funding for at-risk populations. Other components of the EPDS include:

- Integration of oral health services and other health care services for pre/postnatal women;
- Promotion of oral health and prevention of dental disease to improve women's quality of life during pregnancy and contribute to improving the oral health of their children;
- Prevention of Early Childhood Tooth Decay (ECTD) in infants, children under age 6, and school-aged children;
- Introduction of fluoride varnish programs in health regions for children age six months to five years, who are at risk of ECTD. Those at risk are to receive two fluoride applications per year or one every 6 months;
- Oral health assessments, referral and follow-up;
- Children who have dental treatment done under General Anaesthetic will be followed-up in their home community with prevention, promotion and support services offered;
- Introduction of a dental sealant program for children in Grade 1 in at-risk* schools in 2011-12; and
- Introduction of the dental sealant program for children in Grade 1 and Grade 7 in at-risk* schools in 2012-13. (*Note: At-risk schools do not meet one or more COHS guidelines for age 6 or 12).

Initiative: Develop comprehensive service frameworks for individuals who have Autism Spectrum Disorder

KTHR Results:

- KTHR was one of seven northern health regions to receive funding from Saskatoon Health Region to support additional autism therapist services. The additional $71,500 funding provided enhanced services to KTHR children and youth under 19 years with Autism Spectrum Disorder (ASD) and their families.
- Activities provided through the KTHR Autism program in 2011-12 included: home-based consultation and support work, consultation to school and community support teams, in-service training to school and community teams, screening for ASD, assistance with diagnostic assessment, resource sharing, assistance with accessing cognitive disability strategy funding and professionally-led summer programs.
- There was a steady increase in caseload for the program. Discharges were related to client relocation, reaching 19 years of age, clients not passing screening, unconfirmed ASD on assessment, and parental decline of programming and services.



Initiative: Strengthen colorectal cancer care in SK through province-wide implementation of a colorectal screening program in the province

KTHR Results:

- The Saskatchewan Cancer Agency's Screening Program for Colorectal Cancer (SPCRC) was implemented in KTHR in March 2011. KTHR was the second health region to join the SPCRC program and increased provincial expansion of the program to 15%.
- The addition of Regina Qu'Appelle, Sun Country, Prairie North and the Northern regions of Athabasca, Mamaweetan-Churchill River and Keewatin Yatthé in 2011-12 saw the program expand to 69% of the province.
- In September 2011, the SPCRC adopted updated screening and rescreening guidelines which resulted in participants who may be at higher risk for colorectal cancer no longer considered "ineligible" for screening through the program.
- As of December 31, 2011, results from the Saskatchewan Cancer Agency indicated 38.4% of the KTHR target population (men and women between 50 and 74 years of age) of 5038 completed a FIT test. This was an increase over the 27% participation rate recorded in September 2011.
- For KTHR residents in the target population invited to the program as of August 31, 2011, 56% of those receiving an abnormal FIT (fecal immunochemical test) result completed their follow-up diagnostic procedure (typically, a colonoscopy).
- Kelsey Trail Health recorded the shortest median wait time for the abnormal FIT follow-up period (the date the sample was analyzed at the lab to the date of the

colonoscopy/procedure) at 43 days as compared to the 94 day average of the six participating regions.

- Ninety percent of cases with abnormal FIT tests were booked for a colonoscopy within 78 days in KTHR as compared to the average 153 days among the six participating regions.

Initiative: Saskatchewan Surgical Initiative (SKSI)

Measure: Reduce the number of residents in LTC who experience a fall in all long-term care facilities through the implementation of the SHN! Falls prevention bundle

Results:

- KTHR achieved the target to have the *SHN!* Bundle implemented in 100% of long term care facilities by March 31, 2012, exceeding the 2010-11 implementation target of 50% by completing implementation in all 10 facilities in the region in March of 2011.
- KTHR continued participation in the Saskatchewan Falls Collaborative.
- As staff education on falls has increased, reporting on falls also appeared to increase. KTHR uses data collected from MDS to analyze falls, restraints, use of several medications, pain and ulcers due to the increased precision in assessment, development of quality indicators and use of data to inform decision-making and triggers for care planning reviews.

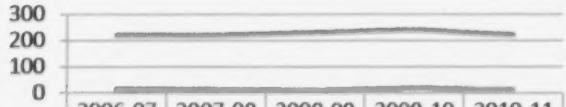
Measure: Number of surgeries performed as a result of a Long Term Care resident experiencing a fall

Results:

Data collected over the previous two fiscal years indicated a decline in the number of falls resulting in surgery at both the regional and provincial level.

This may be attributed to increased staff education and awareness due to the provincial roll out of the *SaferHealthcareNow!* Falls Prevention bundle.

Number of Falls Resulting in Surgery 2006-07 to 2010-11



	2006-07	2007-08	2008-09	2009-10	2010-11
KTHR	14	13	9	18	13
SK	219	220	230	241	221

KTHR SK

Source: *Community Care Branch, Ministry of Health*

A targeted reduction for the number of surgeries performed as the result of a long term care resident experiencing a fall is expected to be determined for the next fiscal year.

The Kelsey Trail Regional Health Authority supports Government's goal to collaborate with communities, other ministries and different levels of government to close the gap in health disparities

Initiative: Implement key components of the HIV strategy, which focuses on increasing capacity on the front lines, and enhancing capability through training and engaging our communities to address HIV and AIDS prevention, education, treatment and awareness

KTHR Results:

- In 2011-12, one new case of HIV was reported in the region. KTHR does not have a significant number of reported HIV cases, ranging from zero to two new cases reported annually over the past ten years. Since 2002-03, a total of ten new cases of HIV have been reported in KTHR.
- Provincially, an average baseline of 181 new cases per year was established using the actual number of new cases from 2008 through 2010. The number of new HIV cases has steadily increased from 26 in 2002 to 200 in 2009. Preliminary data for 2011 is indicating approximately 185 new cases.
    - Epidemiology of HIV in Saskatchewan indicates an increasing trend of new HIV cases that are injection drug use (IDU) related.
    - Since 2005, Aboriginal women have accounted for a disproportionate number of female HIV cases under the age of 30.
    - There has been an increase in the number of HIV cases in males 30 years and older.
- As part of the HIV Strategy for Saskatchewan 2010-14, the government committed annual provincial funding for community-based organizations, in collaboration with RHAs, to develop programs which would assist in achieving the goals outlined in the strategy. KTHR Public Health and the Salvation Army (Melfort, Nipawin &Tisdale) received funding approval in the amount of $3,000 to support an HIV Awareness Support Project involving:
    - Distribution and display of HIV pamphlets at all Salvation Army locations for regular access by clients
    - Salvation Army staff assistance with educating clients about HIV, make referrals and provide assistance for clients regarding emotional support, transportation, or health referral appointments.
    - Provision of office space for educational displays and related counselling.
    - Regular attendance of Salvation Army staff at health region coordination meetings on HIV strategies.

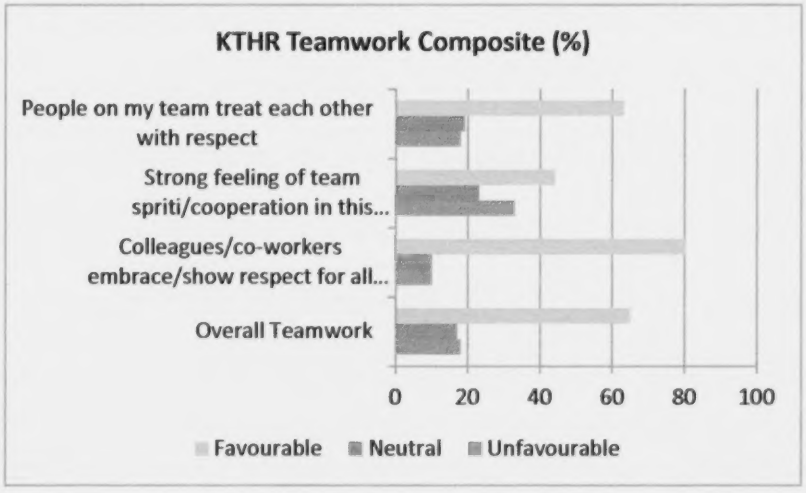
STRATEGIC FOCUS – *PROVIDERS*

The Kelsey Trail Regional Health Authority supports Government's goal to work together to build a workplace that supports the adoption of both patient-and-family centred care and collaborative practices

Teamwork composite measure from the Employee Engagement Survey

Results:

Through participation in the provincial Employee Engagement Survey, KTHR met the 2011-12 target to establish a baseline measurement for the Teamwork composite by March 31, 2012. In KTHR, 63% of employees rated teamwork as favourable in 2011 as compared to 63.1% in 2005.



Source: TalentMap Employee Engagement Survey 2011

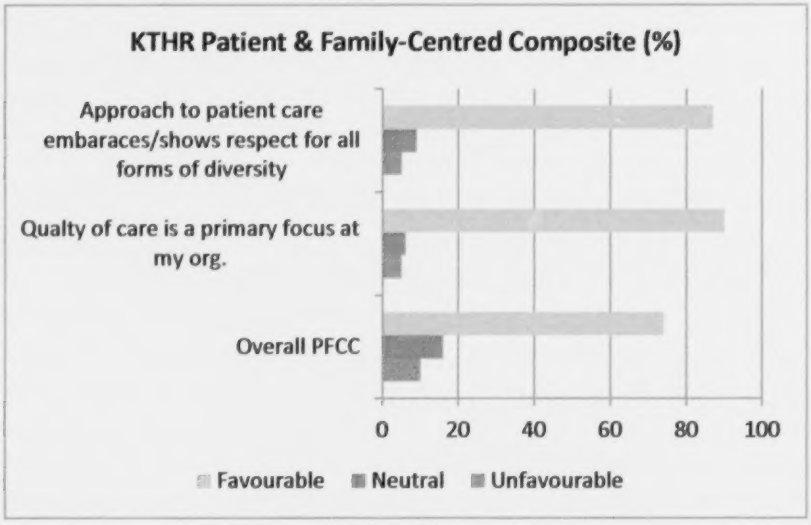
In comparison to the previous Employee Engagement Survey conducted in 2005, the Teamwork composite revealed a significant improvement in employees' favourable view toward colleagues/coworkers showing respect at 76%, up from 61% in 2005. There was a significant decline in employees' favourable view towards a strong feeling of team spirit/ cooperation in their organization with just 40% in 2011 as compared to 71% in 2005. There was also a slight decline in employees' favourable view towards people in their team treating each other with respect and dignity at 61% in 2011 as compared to 64% in 2005.

Provincially, there was no significant change in the percentage of employees rating teamwork as favourable with an average of 60% in 2005 compared to 61% in 2011.

Patient & Family-Centred composite measure from the Employee Engagement Survey

Results:

KTHR met the 2011-12 target to establish a baseline measurement for the Patient & Family-Centred composite by March 31, 2012, recording a baseline of 74%. KTHR's rating was higher than the provincial rating of 65%.



Source: TalentMap Employee Engagement Survey 2011

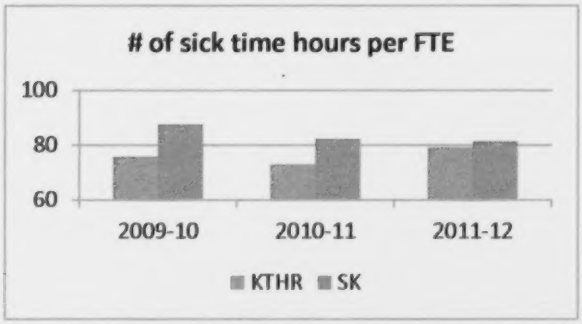
When compared with the results of the 2005 Employee Engagement Survey, KTHR recorded an improvement in the percentage of employees with a favourable view towards quality of care being a primary focus at their organization with 81% in 2011 and 77% in 2005. Employees' favourable view towards the approach to patient care embracing and showing respect for all forms of diversity in their communities did not show any significant improvement at 83% in 2011, one percent greater than the 82% recorded in 2005.

The Kelsey Trail Regional Health Authority supports Government's goal to work together to create safe, supportive and quality workplaces

Number of sick time hours per FTE

Results:

KTHR recorded 79.18 sick time hours per paid FTE in 2011-12, exceeding the target of 68.26. The regional target for sick time hours per FTE was a targeted reduction of 2.0% by March 31, 2012. Provincially, the target was a 5.1% reduction. KTHR experienced an 8.6% increase in sick time hours between 2010-11 and 2011-12 moving from 72.94 to 79.18.



Source: RHA/SCA Profiles 2009-10 to 2011-12
Workforce Planning Branch, Ministry of Health

Despite the increase in sick time hours per FTE, KTHR's rate of sick time remained below the provincial average of 81.23 hours per paid FTE.

Provincially, the sick time targeted reduction of 5.1% over the previous fiscal year was not achieved however, a 1.1% reduction was recorded.

Absenteeism is a measure of the quality of worklife and the well-being of providers and diverts essential resources away from patient and client care. Using 64 hours per FTE (eight 8 hour sick days) as a goal, sick time targets were set using a formula that would see all RHAs/SCA reach 64 sick time hours/FTE within a four year time period.

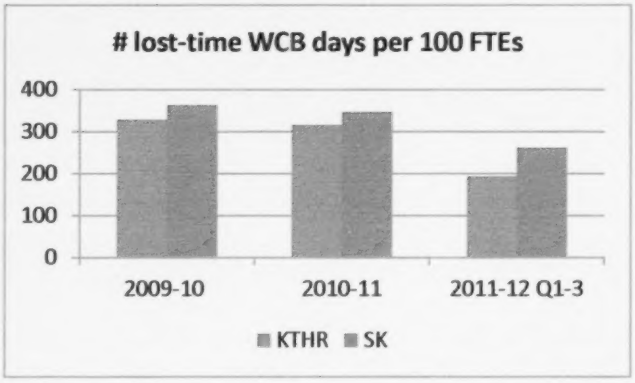
KTHR Results:

- A minor re-organization of the KTHR Human Resources department in 2011-12 resulted in the creation of an additional Attendance and Disability Support position. Attendance and Disability Support staff improved the regional Attendance Support Policy which focuses on identifying employees with high sick leave usage rates and working with them and their managers to attend work more regularly.
- These changes were implemented late in the fiscal year which was not early enough to have an impact on sick time hours in 2011-12. Reductions are expected in the next fiscal year.

Number of lost-time Workers Compensation Board (WCB) days per 100 FTEs

Results:

When comparing data for the periods April – December 2010 to April – December 2011, KTHR achieved a 25% reduction in WCB days per 100 FTEs to exceed the 14.2% targeted reduction. Between the first and third quarters of 2011-12, KTHR recorded 192.45 lost-time WCB days per 100 FTE's. Data for the fourth quarter was not available due to a data conversion process being undertaken by Saskatchewan WCB. The region's targeted reduction in WCB days was 13.7% or a target of 237.80.



Source: RHA/SCA Profiles 2009-10 to 2011-12
Workforce Planning Branch, Ministry of Health

Provincially, there was a 2.2% increase in the number of lost time WCB days per 100 FTEs in the third quarter of 2011-12 as compared to the same period in the previous year.

The ultimate goal of the health system is to have zero workplace injuries. The WCB targets were set using a formula that would see all RHAs/SCA reach 100 lost days per 100 FTEs within five years. Data used by the Ministry of Health is calculated on the basis of the number of claims paid in a given period. The report does not filter out claims by when they were registered. Saskatchewan WCB determines the number of lost-time WCB days based on the number of work days the employee normally works.

Initiative: Improve scheduling process, attendance support and workplace safety to reduce wage driven premium and injury costs

KTHR Results:

- KTHR established an Attendance Support & Workplace Safety Strategy and Working Group that chose sick time as their focus for the 2011-12 fiscal year.
- Through statistics and reporting, the Working Group concentrated on determining the drivers of sick time; developing and increasing awareness and enforcement of the Attendance Support Policy; and providing professional development opportunities for managers.
- Between December 2011 and March 2012, a total of 623 instances of attendance-related absences were identified involving 23 departments. Of those, 189 resulted in attendance support meetings with individual employees and their managers.
- In the 2012-13 fiscal year the Working Group will shift its focus to injury reduction and prevention.

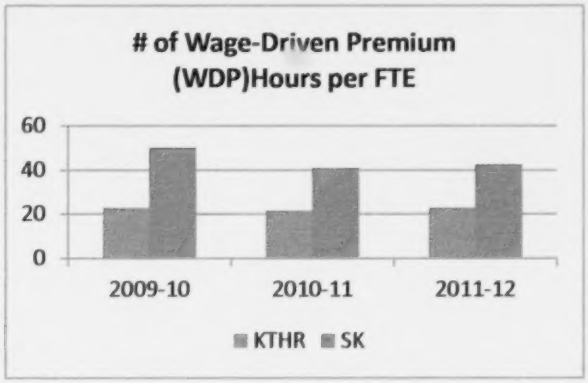
The Kelsey Trail Regional Health Authority supports Government's goal to develop a highly skilled, professional and diverse workforce

Number of Wage-Driven Premium (WDP) hours per FTE

Results:

The region did not achieved the 2011-12 regional targeted reduction of 17.2%, or 17.17 WDP hours per FTE, by March 31, 2012. KTHR exceeded the target, recording 22.81 WDP hours per FTE in 2011-12.

Provincially, the targeted reduction of 12.3%, or 34.66 hours per FTE percent was not met with WDP hours increasing 3.6% from 40.86 in 2010-11 to 42.32 in 2011-12. KTHR's rate of WDP hours per FTE was lower than the provincial target.



Source: RHA/SCA Profiles 2009-10 to 2011-12
Workforce Planning Branch, Ministry of Health

Overtime hours continue to be a concern for the health system. Overtime hours tend to increase during periods of peak utilization and are often closely correlated with sick time. Overtime hours may also be associated with staffing shortages in hard-to-recruit areas.

To address WDP hours, KTHR concentrated on facility-level action plans which included root cause analysis and changing culture.

Initiative: Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in RHAs

KTHR Results:

The KTRHA approved the regional Representative Workforce strategy which established a target of 12.5% for the number of newly hired employees self-declaring as Aboriginal. The region was unable to achieve the target, but did move closer to it. As of March 31, 2012, a total of 71, or 5.7%, of the region's new hires self-identified as Aboriginal.

KTHR is actively involved in a number of initiatives and activities designed to support the Representative Workforce Strategy:

- On November 25, 2003, KTHR signed a partnership agreement between SAHO, First Nations & Métis Relations and the provincial government. Though the agreement is no longer in effect, KTHR remains committed to the initiatives of the partnership which guide and direct much of the work the region has undertaken in pursuit of a representative workforce.
- All new hires received Aboriginal Awareness training which has been incorporated into "Compassion In Action", the regional service expectation program for employees offered every three months.
- Regularly attend Aboriginal-focused career fairs

- Participate in quarterly Provincial Circle of Partners meetings
- Dialogue and partner with Dumont Technical Institute to promote and create awareness of health care career opportunities
- Provide new employees with the opportunity to self-identify on forms during Regional Orientation
- Initiate discussions to utilize the payroll system to systematically track self-identification statistics

STRATEGIC FOCUS – *SUSTAINABILITY*

The Kelsey Trail Regional Health Authority supports Government's goal to achieve best value for money while improving the patient experience and population health

Financial savings through value for money and efficiency initiatives

Results:

Provincially, targeted savings of $5 million by March 31, 2012 in Shared Services and Procurement were exceeded with $5.2 million in savings achieved. Targeted Attendance Management savings of $12.5 million were not achieved by March 31, 2012. Compensation paid during premium shifts was $5.9 million higher than in 2010-11. Only three RHAs saw reductions. Province-wide, premium hours per FTE rose 2.3% in the first nine months of 2011-12 as compared to the same period in 2010-11.

KTHR Results:

KTHR received an efficiency target of $429,000 for 2011-12. In combination with the $892,000 efficiency targets from the 2010-11 fiscal year, the cumulative total efficiency target for 2011-12 was $1.32 million.

Efficiency Targets	Attendance Support	Shared Services	General Efficiencies
2010-11	$266,000	$108,000	$518,000
2011-12	$119,000	$ 76,000	$234,000
Total	**$385,000**	**$184,000**	**$752,000**

- Attendance Support
  - KTHR did not meet targeted reductions in sick time hours per FTE or WDP hours per FTE.
  - Overtime increased 15.8 percent from the previous year. Total overtime hours were approximately 16,000 in 2011-12.

  - Paid sick hours in 2011-12 amounted to 96,439 or the equivalent of 50 FTEs.
  - A comprehensive attendance management plan has been developed to address sick time, overtime and WCB costs.
- Shared Services
  - KTHR exceeded the 2011-12 targeted savings of $76,000, achieving $61,353 in procurement savings and $21,605 in telecommunication savings for a total of $82,957.
  - In collaboration with 3sHealth, KTHR's combined savings over the two year period 2010-11 and 2011-12 amounted to $140,967.
- General Efficiencies
  - KTHR made progress on various initiatives to achieve savings with vacancy management having the most significant impact on achieving a budget surplus.
  - The region also targeted reductions in travel expenses and ongoing support of quality improvement initiatives to achieve efficiencies.

Initiative: Work collaboratively with RHAs/SCA and other stakeholders to capture cost savings by implementing shared services and procurement initiatives; and reducing the total compensation paid during premium shifts

Results:

Health Shared Services Saskatchewan (3sHealth) was formally established in 2011 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs and redirect resources to patient care. The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by Government in the years since.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth.
- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over $7 million in the past year.

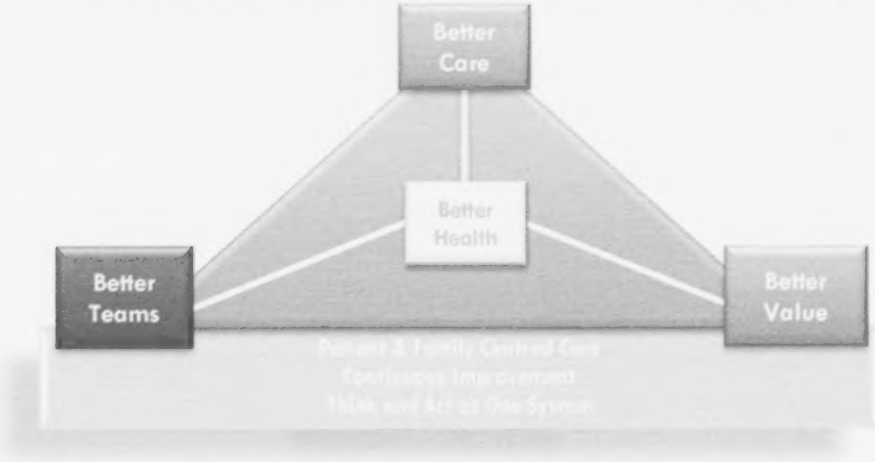
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.

Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

The Kelsey Trail Regional Health Authority supports Government's goal to improve transparency and accountability through measurement and reporting

Results:

In November 2011, Kelsey Trail Health Region joined the Ministry of Health, the Saskatchewan Cancer Agency and the RHAs in a process to begin implementation of Hoshin Kanri, a lean management approach to deploy strategy across an entire organization. Hoshin Kanri is a focused initiative designed to align health system priorities across the system with the ultimate goal to improve the patient experience. The Ministry contracted John Black & Associates to work with the Saskatchewan health care system to adopt this approach. Through this process, four 100 year long term strategies (Better Care, Better Health, Better Teams and Better Value) and three foundations (Patient & Family-Centred Care, Continuous Performance Improvement, and Think & Act as One System) were adopted provincially for the 2012-13 fiscal year.



A three to five year health system plan was developed which included the following outcomes:

100 Year Strategies	3 - 5 Year Outcomes
Better Care	By March 2015, all cancer surgeries or treatments are done within the consensus time frames from the time of suspicion of, or diagnosis of cancer.
	By March 2014, all patients have the option to receive necessary surgery within 3 months.
	By March 2017, there will be a 50% reduction in patient wait times from GP referral to specialist and diagnostic services.
	By March 2017, zero surgical infections from clean surgeries.
	No patient that requires emergency services will wait in the ER for care by March 2017.
	Individuals with severe & complex Mental Health issues (with alcohol co-morbidity or ABI) will have access to supportive housing in or near their community in 2017.
	By March 31, 2017, patients' ratings of exceptional overall healthcare experience are in the top 20% of scores internationally.
	No adverse events related to medication errors.
Better Health	By 2017, there will be a 50% improvement in number of people surveyed who say, "I can see my primary healthcare team on my day of choice."
	100% of seniors who choose to say at home will be supported to do so as long as it is safe and economically efficient to do so by 2017.
	50% reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA) by 2017.
	By 2017, we will see a 50% reduction in age standardized hospitalization rate for ambulatory care sensitive conditions.
Better Teams	Increase physician engagement "score" by 50% by March 2017.
	By March 31, 2017, the employee engagement provincial average score exceeds 80%.
	By March 31, 2017, zero workplace injuries.
Better Value	By March 31, 2017 (based on a rolling 5-year average) the healthcare budget increase is less than the increase to provincial revenue growth.
	By March 31, 2017, 8% of the healthcare budget is strategically invested in IT, equipment and facility renewal.

Five provincial breakthrough initiatives, achievable within 12-18 months, were identified. KTHR also identified 10 regional breakthrough initiatives that would support achievement of the provincial initiatives.

Through the Hoshin Kanri process, strategic health system indicators and measurements will be reported on a regular and ongoing basis to physicians, staff, volunteers and members of the public through visibility walls, aligning and streamlining provincial and regional reporting while improving transparency and accountability.

Strategies (100 Years)	Provincial/Regional 'Breakthrough' Initiatives (12-18 months)	Kelsey Trail Health Region 'Breakthrough' Projects (12 - 18 Months)
Better Care In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve health care safety.	Transform the Patient experience through Sooner, Safer, Smarter Surgical Care.	Surgical safety checklist – the team uses a surgical safety checklist to confirm safety steps are completed for a surgical procedure.
	Safety Culture: focus on Patient and Staff Safety.	KTHR reconciles clients' medications at admission & transfer or discharge in acute, Long term care and home care services.
		Safety culture- employee plan for safety management system which will identify hazards and control risks to reduce workplace injuries.
Better Health Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health care disparity gap.	Strengthen Patient-centered Primary Health Care by improving Connectivity, Access and Chronic Disease Management.	Primary Health Care – electronic medical record
		Chronic Disease Management – with initial focus on screening for renal insufficiency at Cumberland House
		Suicide Risk Assessment Tool – focus due to high suicide rate in KTHR
Better Teams Build safe, supportive, and quality workplaces that support patient and family-centered care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.	Deploy a continuous improvement system including training, infrastructure across the health system with an initial focus on the surgical value stream and capital projects using 3P (Production Preparation Process) within Five Hills, Prairie North, Prince Albert Parkland and Saskatoon.	Build Lean capacity to promote and manage all improvement activities with a focus on our clients.
		Capital Projects Kelvington Integrated Facility capital project will provide an opportunity to learn about the lean Production Preparation Process (3P).
Better Value Achieve best value for money. Improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.	Identify and Provide Services Collectively Through a Shared Services Organization.	Shared Service- Participate in GHX – health care supply chain provincially to reduce healthcare spending.
		Shared Service –Workflow management self service Reduce the amount of time spent processing employee related data.

The Kelsey Trail Regional Health Authority supports Government's goal to strategically invest in facilities, equipment and information infrastructure to effectively support operations

Initiative: Plan, design and commence construction of 13 new long term care facilities

KTHR Results:

- KTHR confirmed funding commitments toward the 20 percent local municipal share of the Tisdale long term care replacement project and began tendering for the project in July of 2011. The sod turning for the $18.4 million project took place in September 2011. The project involves the expansion and renovation of the existing Newmarket Manor

and the replacement of the existing Sasko Park Lodge in Tisdale. Construction is proceeding on schedule.

- Committing the 20 percent local municipal share of the long term care replacement project in Kelvington has proven challenging for that community. An alternate plan was submitted to the Ministry of Health for consideration.

STRATEGIC FOCUS – *SUPPORTIVE PROCESSES*

The Kelsey Trail Regional Health Authority supports Government's goal to achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies

Initiative: Continue to implement Lean across the care continuum in regions and the SCA

Results:

Provincially, John Black & Associates (JBA) was selected by the health system to assist in the development and deployment of a Lean management system in Saskatchewan. The process began in November 2011 with the introduction of the Hoshin Kanri strategic deployment process.

KTHR Results:

- The regional Lean implementation plan was developed and approved in 2010-11. Improvement work on the three Lean initiatives undertaken in the region (Regional Hiring Process, Nipawin Lab and the Melfort Hospital Surgical Value Stream) continued in 2011-12.
- Regionally, education continued through involvement in a number of Lean initiatives. Senior leaders will be involved in Lean certification in the new fiscal year.

Initiative: Expand *Releasing Time to Care*™ (RTC) to all medical and surgical wards in regional and tertiary hospitals in Saskatchewan

KTHR Results:

- Nipawin Hospital and Melfort Hospital were included in the first two cycles of the RTC provincial roll-out in the 2010-11 fiscal year.

- Staff shortages and workload impacted momentum at both sites.
- In consultation with HQC, it was determined that Nipawin and Melfort would continue to apply general quality improvement strategies and use tools from RTC to a lesser degree in order to continue with RTC work in the region.
- The focus of RTC quality improvement work in the region is on four objectives: patient safety, staff satisfaction, efficiency of care and patient experience. KTHR facilities have initiated different components of the RTC tool box in varying degrees.

The Kelsey Trail Regional Health Authority supports Government's goal to leverage technology to achieve improvements in patient care and system performance

Percent of practicing physicians who have a fully implemented electronic medical record (EMR)

Results:

- KTHR achieved the provincial target with full implementation of the Electronic Medical Record (EMR) software program in two of the region's six medical clinics by March 31, 2012, involving 50% of the region's 18 Primary Health Care practicing physicians.
- The "go live" date for implementation of the EMR at the Nipawin Health Centre and the Nipawin Medical Group occurred on March 27, 2012. The EMR is used to store and retrieve medical information and allows the sharing of health information with authorized health care providers. Providers directly involved in patient care may access information from areas such as the emergency room or home when required. Information remains strictly confidential.
- Laboratory integration is expected to follow in the fall of 2012 which will see lab results transferred electronically into the medical record. This will allow clinicians to see results in a more timely fashion, decreasing the amount of time spent filing paper reports and reducing the use of paper.
- Implementation at Arborfield, Carrot River, Cumberland House and Smeaton is expected in 2012-13.
- The Electronic Medical Record will continue to roll out to all Primary Health Care clinics in the Kelsey Trail Health Region. Primary Health sites are in the scope of network and hardware support. All hardware is supplied by KTHR primarily through targeted PHC funding from the Ministry of Health.
- Provincially, the target of 50% was exceeded. As of March 31, 2012, 51.13% of practicing physicians fully implemented EMR in the province.

Initiative: In collaboration with provincial stakeholders, develop the long term strategy for implementation of e-Health initiatives including all facets of the provincial electronic health record, including the Electronic Health Record, Electronic Medical Records, Point of Service Systems and Telehealth

KTHR Results:

- The KTHR Picture Archiving and Communication System (PACS) moved to the provincial PACS in June 2012 as part of the second phase of the provincial RIS-PACs initiative. As the result of the move, patients in KTHR benefit from reduced waits and improved access as the result of a secure computer system for storage, retrieval and display of diagnostic images such as x-rays and CT scans. PACS securely connects diagnostic imaging tools of KTHR with radiologist and specialists in Prince Albert and Saskatoon as well as every other PACS system in the province. In 2010, KTHR was the first health region in the province to connect all six acute care sites with a regional PACS. All six acute sites in the region are now linked to the provincial system.
- In May 2011, KTHR formally implemented the new Laboratory Information System (LIS) in labs in Hudson Bay, Kelvington, Melfort, Nipawin, Porcupine Plain and Tisdale. The LIS facilitates the ordering of lab tests for patients, managing lab test data throughout the lab processing cycle; and generating and distributing result reports to clinicians, ward and other agencies. The new LIS is expected to interface with the Saskatchewan Laboratory Results Repository (SLRR), the provincial database for all lab testing, in the 2012-13 fiscal year. In the future, through the provincial Electronic Health Record (EHR), results from across the province will be available to physicians, health care providers and referring specialists from anywhere in the province, providing more efficient and immediate treatment and care of patients. KTHR was the third health region in the province to go live with the new LIS and the first to offer multi-site LIS that included all six acute care sites in the region.

Management Report

June 5, 2012

KELSEY TRAIL HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Kelsey Trail Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit & Finance Committee. The Audit & Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit & Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit & Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Glen Kozak
Chief Executive Officer

Shane Merriman
Chief Financial Officer

2011-12 Financial Overview

Kelsey Trail Health Region recorded an operational surplus, before interfund transfers, of $1,340,420. The region is required to make transfers from the operating fund to the capital fund for mortgage payments, the principal portion of the loan on the region's Energy Performance Contract, and necessary allocations to Maintenance & Replacement Reserves. Annualized transfers from operating to capital for the 2011-12 fiscal year amounted to $779,993 leaving an adjusted surplus after interfund transfers of $560, 427. Kelsey Trail Health Region elected to pay off mortgages held on some of their long term care facilities in the amount of $1,505,551. This was an additional interfund transfer from the operating fund to the capital fund in the 2011-12 fiscal year, resulting in an overall decrease in the operating fund of $945,124.

The 2011-12 budget was based on budgeted revenues of $116,350,987, an increase of 9.33% over the previous year. Budgeted revenues include funding of salary increases for collective bargaining agreements with the Saskatchewan Union of Nurses (SUN) and the Saskatchewan Government and General Employees' Union (SGEU). Salaries, benefits and medical remuneration account for 82.3% of KTHR's budget.

Budgeted expenditures increased by 8.70% over the same period, not including appropriations from the operating to the capital fund of 0.74% required for mortgage payments, the Energy Performance Contract Loan and SHC Reserves. The increase in expenses did not factor in actual and expected salary and benefit increases for the Health Sciences Association of Saskatchewan (HSAS), out-of-scope employees and physicians.

The region was expected to achieve $492,000 in efficiency targets in 2011-12 to include:

- $119, 000 in attendance support;
- $76,000 in shared services; and
- $234,000 in general efficiencies.

Attendance support strategies were developed in an effort to try to achieve the target of 68.26 sick time hours per FTE; 17.17 in wage driven premium hours per FTE including overtime, third weekend worked and call back; and 275.54 WCB days per 100 FTEs. While attendance support initiatives were included as part of the budget reduction strategy, achieving and sustaining all of the targets was expected to be difficult. The region met the Ministry's WCB lost time claims targets.

Although KTHR experienced an increase in sick time hours per FTE and did not meet the target, the rate of sick time remains below the provincial average. KTHR also did not meet the target for wage driven premium hours however, the region's rate was lower than the provincial average.

Shared services targets were sought provincially as directed by the provincial SOD. Net system-wide shared services savings of $5.2 million were expected for 2011-12 at the end of the fourth quarter, which exceeds the target of $5 million. Efficiencies were found in supplies and telecommunications. An electronic contract management and procurement system is being implemented to help standardize contracts and further advance group purchasing. KTHR prioritized reductions in laboratory costs, medical and surgical supplies, drugs and insurance to achieve regional shared services targets. In addition, efficiencies were sought through the standardization of processes.

KTHR developed several initiatives designed to achieve the region's general efficiency target including administrative and supply savings through reductions in travel expenses through limiting out-of-region travel, using webinars, teleconferencing and Telehealth, and sharing travel. An improved hiring process and vacancy management continue to play an important role in achieving efficiencies. A comprehensive attendance management plan was developed to address sick time, overtime and WCB costs. Several quality improvement initiatives were undertaken through Lean and Releasing Time to Care™ in an effort to eliminate waste and create value for patients and clients. A Lean project involving laundry and linen efficiencies in the three district hospitals in the region achieved savings. The region's financial viability continues to take priority and the region continues to make every effort to ensure change is managed with a focus on minimizing impact on patients while achieving efficiencies and best practices.

The 2011-12 fiscal year marked the completion of the construction period for the Energy Performance Contract (EPC) project with Honeywell and SaskPower. The total estimated savings for the construction period (November 2009 to November 2011) amounted to $591,836. The last 12 months savings are estimated at $383,233, which is 97% of the annual savings target of $394,983. Through the project, cost savings of $127,785 in electricity, $155,713 in natural gas, $23,017 in water and sewer, and $88,468 in operational costs savings are expected to be generated annually.

During the 2011-12 fiscal year, the Kelsey Trail Regional Health Authority paid out eight Canada Mortgage & Housing Corporation mortgages administered by Saskatchewan Housing Corporation (SHC). The Ministry of Health has historically funded RHAs for the payment of such loans. The region's $1,505,551 mortgage payout is expected to result in $180,000 in annual savings as the funding traditionally provided by the Ministry will remain in place on all existing

mortgages. The funding may be used by the RHA as deemed necessary. KTRHA will review the cost savings from the mortgage payouts on an annual basis and, depending on the financial circumstances of health region, will determine whether the savings will be used for operational purposes or for the appropriation of all or part of the savings to an internally restricted fund for the purpose of purchasing capital equipment.

Several factors contribute to the region's operating pressures, particularly the growing costs associated with supporting current health services including:

- Advances in technologies, procedures and drugs;
- Increased emphasis on environmental/infection control, quality improvement and patient safety;
- Human resources shortages, including physicians;
- Recruitment costs and incentives required to remain competitive in the marketplace; and
- Education and training of staff, both mandatory and other.

Regionally, services and processes continue to be reviewed in an effort to adopt best practice and achieve further efficiency. Strategies continue to be developed to achieve a balanced budget in 2012-13 in an effort to achieve long term sustainability and fiscal efficiency.

Capital equipment requests continue to surpass the capital funding available to the region. Advances in technologies, aging equipment and facilities impact the ability to meet the capital needs of the region. The 2011-12 capital budget of $4.6 million targeted new technology and equipment to address quality and patient safety. Priority items on the capital budget included: additional surgical equipment to support the Saskatchewan Surgical Initiative (SKSI), ultrasound and diagnostic imaging equipment, CT renovations, completion of the Energy Performance Contract and the Cumberland House staff housing project, block funding initiatives (replacement of aged telephone systems in facilities in Nipawin and Tisdale), and replacement of required capital equipment and ongoing work associated with the planning and construction of the long term care replacement projects in Kelvington and Tisdale.

KTHR has been working steadily over the past two years to complete its highest priority building maintenance, repair and safety equipment needs with $2.74 million in infrastructure funding received through the provincial government's $1.5 billion *Ready for Growth* infrastructure initiative announced in 2008-09. The region has upgraded, replaced or installed nurse call systems, security systems, and fire alarms at a number of facilities. The nurse call systems and related wiring and communications upgrades that allow staff to respond to patient health needs accounted for $1.5 million, more than half of the project spending. In addition to the safety equipment improvements, the region also completed work on things such as emergency

generators, heating and cooling systems, humidity control system, and building repairs and maintenance.

In 2011-12, the capital equipment funding allocation was $929,000 which included $559,000 for diagnostic imaging equipment and $370,000 for general capital equipment. Equipment requests outweighed the funding available therefore, items were prioritized for budget consideration and contingency funds were established for urgent or emergent purchases during the fiscal year. Items that did not make the 2011-12 capital budget were added to the region's five-year capital equipment plan.

Community trusts, foundations and auxiliaries provide invaluable support to the region in providing financial resources to help meet capital equipment needs.

NeuPath Group, PC Inc.
Chartered Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Kelsey Trail Regional Health Authority

We have audited the accompanying financial statements of Kelsey Trail Regional Health Authority, which comprise the statement of financial position as at March 31, 2012, and the statements of operations and changes in fund balances and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design auditor procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Kelsey Trail Regional Health Authority as at March 31, 2012, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

NeuPath Group
Chartered Accountants

Nipawin, Saskatchewan
June 5, 2012

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2012

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2012	Total 2011
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2, Statement 3)	$ 8,943,267	$ 9,247,216	$ 3,293,456	$ 21,483,939	$ 26,729,507
Accounts receivable					
Ministry of Health - General Revenue Fund	99,027	-	-	99,027	-
Other	988,764	112,063	-	1,100,827	656,260
Inventory	584,197	-	-	584,197	538,265
Prepaid expenses	977,419	-	-	977,419	858,289
	11,592,675	9,359,279	3,293,456	24,245,410	28,782,321
Investments (Note 2, Schedule 2)	1,187,992	-	-	1,187,992	1,116,153
Other assets	29,687	-	-	29,687	29,090
Capital assets (Note 3)	-	45,986,957	-	45,986,957	44,870,716
Total Assets	$ 12,810,354	$ 55,346,236	$ 3,293,456	$ 71,450,047	$ 74,798,279
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,448,743	$ 319,845	$ -	$ 3,768,588	$ 3,556,190
Accrued salaries	1,516,692	-	-	1,516,692	1,878,824
Vacation payable	7,208,000	-	-	7,208,000	6,731,728
Long term debt - current (Note 5)	-	180,346	-	180,346	171,006
Mortgages payable – current (Note 5)	-	432,324	-	432,324	481,032
Deferred revenue (Note 6)	2,184,304	-	-	2,184,304	2,246,150
	14,357,739	932,516	-	15,290,254	15,064,930
Long term liabilities					
Long term debt (Note 5)	-	4,283,110	-	4,283,110	4,463,456
Mortgages payable (Note 5)	-	5,826,936	-	5,826,936	7,665,364
Total Liabilities	14,357,739	11,042,562	-	25,400,300	27,193,751
Fund Balances:					
Invested in capital assets	-	35,264,242	-	35,264,242	32,089,858
Externally restricted (Schedule 3)	-	7,592,902	3,293,456	10,886,359	14,348,136
Internally restricted (Schedule 4)	-	1,446,531	-	1,446,531	1,768,794
Unrestricted	(1,547,384)	-	-	(1,547,384)	(602,260)
Fund balances – (Statement 2)	(1,547,384)	44,303,675	3,293,456	46,049,747	47,604,528
Total Liabilities & Fund Balances	$ 12,810,354	$ 55,346,236	$ 3,293,456	$ 71,450,047	$ 74,798,279

Commitments (Note 4)
Asset Retirement Obligations (Note 4)
Pension Plan (Note 11)

Approved on behalf of the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2012

Statement 2

	Operating Fund			Restricted			
	Budget 2012	2012	2011 (Note 10)	Capital Fund 2012	Community Trust Fund 2012	Total 2012	Total 2011 (Note 10)
REVENUES							
Ministry of Health - General Revenue Fund	$ 103,675,067	$ 104,486,665	$ 97,567,710	$ -	$ -	$ -	$ 8,492,251
Other Provincial	1,864,165	1,251,027	1,542,229	333,958	-	333,958	333,958
Federal Government	25,000	28,021	23,667	-	-	-	-
Patient & Client Fees	8,386,105	8,294,611	8,317,996	-	-	-	-
Out of Province (reciprocal)	522,495	506,430	494,114	-	-	-	-
Out of Country	17,500	11,360	7,992	-	-	-	-
Donations	30,000	21,880	27,273	872,742	133,597	1,006,339	369,059
Ancillary	823,705	846,721	809,801	-	-	-	-
Investment	225,000	218,759	227,218	159,112	68,446	227,557	130,243
Recoveries	685,000	990,528	472,866	-	-	-	-
Research Grants	-	-	-	-	-	-	-
Other	96,950	42,652	49,141	-	-	-	-
Unrealized Gain - Financial Instruments	-	-	-	-	-	-	-
Total revenues	**116,350,987**	**116,698,654**	**109,540,007**	**1,365,812**	**202,042**	**1,567,854**	**9,325,511**
EXPENSES							
Inpatient & resident services							
Nursing Administration	3,787,484	3,688,345	3,512,532	-	-	-	-
Acute	15,008,840	14,702,285	13,528,775	1,491,460	12,054	1,503,515	1,715,899
Supportive	17,997,558	17,781,890	16,953,397	1,493,558	5,047	1,498,605	1,358,156
Integrated	5,479,551	5,423,772	5,100,498	737,571	1,724	739,295	701,283
Rehabilitation	-	-	-	-	-	-	-
Mental Health & Addictions	-	-	-	-	-	-	-
Total Inpatient & Resident Services	**42,273,433**	**41,596,292**	**39,095,202**	**3,722,590**	**18,825**	**3,741,415**	**3,775,338**
Physician Compensation	**8,748,629**	**8,430,015**	**7,369,585**	-	-	-	-
Ambulatory Care Services	**3,159,780**	**3,023,860**	**2,904,796**	-	-	-	-
Diagnostic & Therapeutic Services	**11,370,344**	**11,019,869**	**10,766,892**	-	-	-	-
Community Health Services							
Primary Health Care	2,313,981	2,289,611	1,771,452	436,420	30	436,450	438,666
Home Care	7,442,916	7,683,276	7,229,806	-	-	-	-
Mental Health & Addictions	2,649,314	2,584,010	2,633,066	-	-	-	-
Population Health	5,055,694	4,892,403	4,806,698	-	-	-	-
Emergency Response Services	3,118,323	3,690,171	3,134,074	113,324	-	113,324	63,896
Other Community Services	576,165	575,226	701,982	30,634	-	30,634	23,498
Total Community Health Services	**21,156,393**	**21,714,697**	**20,277,078**	**580,378**	**30**	**580,408**	**526,060**
Support Services							
Program Support	6,101,884	6,259,250	6,152,356	-	-	-	-
Operational Support	22,175,608	22,835,861	21,639,247	141,232		141,232	178,264
Other Support	510,629	478,390	493,453	-	-	-	-
Total Support Services	**28,788,121**	**29,573,501**	**28,285,056**	**141,232**	-	**141,232**	**178,264**
Ancillary	-	-	-	-	-	-	-
Total Expenses (Schedule 1)	115,496,700	115,358,234	108,698,609	4,444,200	18,855	4,463,054	4,479,662
Excess (Deficiency) of Revenues over Expenses	**$ 854,287**	**1,340,420**	**841,398**	**(3,078,388)**	**183,188**	**(2,895,200)**	**4,845,849**
Interfund Transfers							
Building renovations (EPC Loan Payments)		(171,006)	(162,149)	171,006	-	171,006	-
Capital asset purchases		-	-	96,592	(96,592)	-	-
SHC reserves		(120,148)	(122,898)	120,148	-	120,148	122,898
Mortgage payments		(488,839)	(556,998)	488,839	-	488,839	556,998
Other (Mortgages - Paid Out)		(1,505,551)	-	1,505,551	-	1,505,551	162,149
Increase (Decrease) in Fund Balances		**(945,124)**	**(647)**	**(696,251)**	**86,596**	**(609,656)**	**5,687,894**
Fund balances, beginning of year		(602,260)	(601,612)	44,999,926	3,206,861	48,206,787	42,518,892
Fund balances, end of year		$ (1,547,384)	$ (602,259)	$ 44,303,675	$ 3,293,456	$ 47,597,131	$ 48,206,786

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2012

Statement 3

	Operating Fund		Restricted Fund			
	2012	2011	Capital Fund	Community Trust Fund	Total 2012	Total 2011
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ 1,340,420	$ 841,398	$ (3,078,388)	$ 183,188	$ (2,895,200)	$ 4,845,849
Net change in non-cash working capital (Note 7)	(576,502)	(2,443,404)	132,537	-	132,537	121,270
Amortization of capital assets	-	-	3,927,322	-	3,927,322	4,017,688
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	57,879	-	57,879	-
	763,918	(1,602,006)	1,039,350	183,188	1,222,538	8,984,807
Purchase of capital assets						
Buildings/construction	-	-	(3,512,624)	-	(3,512,624)	(1,825,342)
Equipment	-	-	(1,619,818)	-	(1,619,818)	(2,749,255)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	31,000	-	31,000	-
Sale (Purchase) of long-term investments	(72,439)	(34,466)	-	-	-	-
	(72,439)	(34,466)	(5,101,442)	-	(5,101,442)	(4,574,598)
Financing activities						
Long-term debt issued	-	-	-	-	-	-
Repayment of debt	-	-	(2,058,143)	-	(2,058,143)	(642,593)
	-	-	(2,058,143)	-	(2,058,143)	(642,593)
Net increase (decrease) in cash & short-term investments during the year	691,480	(1,636,472)	(6,120,235)	183,188	(5,937,047)	3,767,617
Cash & short-term investments, beginning of year	10,537,332	13,015,850	12,985,314	3,206,861	16,192,175	11,582,513
Interfund transfers (Statement 2)	(2,285,544)	(842,045)	2,382,137	(96,592)	2,285,544	842,045
Cash & short-term investments, end of year (Schedule 2)	$ 8,943,267	$ 10,537,332	$ 9,247,216	$ 3,293,456	$ 12,540,672	$ 16,192,174
Amounts in cash balances						
Cash & short-term investments	$ 8,943,267	$ 10,537,332	$ 9,247,216	$ 3,293,456	$ 12,540,672	$ 16,192,174

The accompanying notes and schedules are part of these financial statements

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2012

1. Legislative Authority

The Kelsey Trail Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Kelsey Trail Health Region, under section 27 of The Act. The Kelsey Trail RHA is a non-profit organization and is not subject to income and property taxes from federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Nipawin Oasis Community Centre Co-operative Ltd.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Town of Naicam

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act of Canada*.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundations after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 9 b) ii) provides supplementary information on the Foundations.

2. Significant Accounting Policies - continued

c) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from the Ministry of Health – General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

d) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

2. Significant Accounting Policies – continued

e) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Asset Retirement Obligations

Asset Retirement Obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

g) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on a weighted average cost basis.

h) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

i) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

2. Significant Accounting Policies – continued

j) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

2. Significant Accounting Policies – continued

The RHA has policies and procedures in place to mitigate these risks.

k) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2012			2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 639,590	$ -	$ 639,590	$ 639,590
Land Improvements	679,512	606,539	72,972	64,351
Buildings	96,496,414	62,329,256	34,167,157	30,186,718
Equipment	23,729,767	16,191,473	7,538,293	8,199,082
Construction in progress	3,568,944	-	3,568,944	5,780,975
	$ 125,114,226	$ 79,127,269	$ 45,986,957	$ 44,870,716

As at March 31, 2012, the Ministry of Health had provided the RHA with total funding in the amount of $7,000,000 to be used for planning and construction of two long term care facilities. The RHA, as at March 31, 2012, has incurred costs of $3,504,444 for the long term care projects. The remaining balance together with future funds from the Ministry of Health and local communities will be used to complete these projects. The total cost of the Tisdale project is estimated at $18,800,000. The total cost of the Kelvington project has yet to be determined.

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2013	$240,429
2014	187,066
2015	166,588
2016	93,333
2017	0

b) Asset Retirement Obligations

The RHA has no recorded liabilities for asset retirement obligations (2011 - $0).

4. Commitments - continued

c) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2011. Note 9 b) provides supplementary information on Health Care Organizations.

5. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2012	2011
Hudson Bay Health Care Facility				
C.M.H.C., due December 1, 2016	5.38%	$10,351 Principal & interest	$ -	$ 51,188
C.M.H.C., due January 1, 2023	7.00%	$2,823 Principal & interest	-	22,771
Rose Valley Health Centre				
C.M.H.C., due October 1, 2021	4.54%	$43,335 Principal & interest Of which $11,063 is subsidized by SHC. Yielding an effective interest rate of 3.38%. Mortgage renewal date – February 1, 2015.	336,762	364,238
Newmarket Manor				
C.M.H.C., due March 1, 2023	4.54%	$160,042 Principal & interest Of which $41,658 is subsidized by SHC. Yielding an effective interest rate of 3.36%. Mortgage renewal date – February 1, 2015.	1,386,196	1,481,395
Sasko Park Lodge				
C.M.H.C., due January 1, 2023	7.50%	$10,607 Principal & interest	-	83,516

5. Long Term Debt – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2012	2011
Kelvindell Lodge				
C.M.H.C., due October 1, 2020	5.14%	$37,003 Principal & interest Of which $11,621 is subsidized by SHC. Yielding an effective interest rate of 3.53%. Mortgage renewal date – December 1, 2013.	256,829	280,090
C.M.H.C., due January 1, 2027	8.00%	$41,485 Principal & interest	-	375,122
Red Deer Nursing Home				
C.M.H.C., due June 1, 2022	7.25%	$16,938 Principal & interest	-	130,706
C.M.H.C., due February 1, 2027	4.42%	$57,305 Principal & interest Of which $48,000 is subsidized by SHC. Yielding an effective interest rate of 0.72%. Mortgage renewal date – March 1, 2017.	626,925	656,008
Pasquia Special Care Home				
C.M.H.C., due August 1, 2025	8.00%	$25,763 Principal & interest	-	221,834
Arborfield Special Care Lodge				
C.M.H.C., due September 1, 2021	4.54%	$113,245 Principal & interest Of which $33,189 is subsidized by SHC. Yielding an effective interest rate of 3.21%. Mortgage renewal date – February 1, 2015.	873,847	945,919

5. Long Term Debt – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2012	2011
Pineview Lodge				
C.M.H.C., due August 1, 2019	6.875%	$21,014 Principal & interest	-	134,517
C.M.H.C., due January 1, 2017	4.17%	$66,772 Principal & interest Of which $13,827 is subsidized by SHC. Yielding an effective interest rate of 3.31%. Mortgage renewal date – October 1, 2015.	292,072	345,529
C.M.H.C., due April 1, 2025	4.17%	$143,174 Principal & interest Of which $108,000 is subsidized by SHC. Yielding an effective interest rate of 1.02%. Mortgage renewal date – October 1, 2015.	1,444,893	1,526,345
Chateau Providence				
C.M.H.C., due October 1, 2026	4.31%	$96,109 Principal & interest Of which $66,600 is subsidized by SHC. Yielding an effective interest rate of 1.32%. Mortgage renewal date – December 1, 2016.	1,041,735	1,092,060
Nirvana Pioneer Villa				
C.M.H.C., due September 1, 2025	8.00%	$50,382 Principal & interest	-	435,160
Energy Performance Contract				
Toronto Dominion Bank due October 15, 2026	5.33%	$413,885 Principal and interest	4,463,456	4,634,462
			10,722,716	12,780,858
Less: Current portion			612,670	$652,038
			$ 10,110,047	$ 12,128,820

5. Long Term Debt – continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. The term loan with the Toronto Dominion Bank is unsecured. Principal repayments required in each of the next five years are estimated as follows:

2013	$612,670
2014	659,563
2015	691,140
2016	724,275
2017	758,948
2018 and subsequent	7,276,120

6. Deferred Revenue

	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Sask Health Initiatives				
Active Workplace Initiative	$ 3,533	$ 3,533	$ -	$ -
Alcohol & Drug Initiatives	23,162	23,162	-	-
Autism Services	102,038	102,038	-	-
Enhanced Dental Services	-	-	29,145	29,145
Infection Prevention and Control	11,580	3,852	45,051	52,780
Nursing Professional Development	12,099	4,241	-	7,858
Nursing Recruitment Funding	171,726	46,302	-	125,424
Pandemic	16,190	16,190	-	-
Patient and Family Centered Care	4,178	4,178		-
Physician Recruitment Pilot	103,080	3,080	-	100,000
Primary Care	599,112	6,426,983	6,878,372	1,050,500
Professional Development Funding	38,945	38,945	-	-
Quality Workplace Initiatives	38,625	38,625	-	-
Recruitment Initiatives	21,250	21,250	-	-
Safety Training Initiatives	78,794	78,794	-	-
Surgical Initiative	679,090	493,090	-	186,000
Total Sask Health	**1,903,402**	**7,304,263**	**6,952,568**	**1,551,707**

6. Deferred Revenue – continued

Non Sask Health Initiatives				
Enhanced Dental Services	-	18,813	44,450	25,637
GST - Rebate Review	-	-	321,839	321,839
Kids First Targeted	187,390	495,263	556,942	249,069
Lean	155,358	119,306	-	36,052
Total Non Sask Health	**342,748**	**633,382**	**923,231**	**632,597**
Total Deferred Revenue	**$ 2,246,150**	**$ 7,937,645**	**$ 7,875,799**	**$ 2,184,304**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2012	2011	Capital Fund	Community Trust Fund	Total 2012	Total 2011
(Increase) Decrease in accounts receivable	$ (490,283)	$ 19,104	$ (53,311)	$ -	$ (53,311)	$ 213,010
(Increase) Decrease in inventory	(45,932)	56,827	-	-	-	-
(Increase) Decrease in prepaid expenses	(119,130)	(215,622)	-	-	-	-
Increase (Decrease) in accounts payable	26,549	(469,149)	185,848	-	185,848	(91,740)
Increase (Decrease) in accrued salaries	(362,132)	(2,661,103)	-	-	-	-
Increase (Decrease) in vacation payable	476,272	676,203	-	-	-	-
Increase (Decrease) in deferred revenue	(61,846)	150,337	-	-	-	-
	$ (576,502)	$(2,443,404)	$ 132,537	$ -	$ 132,537	$ 121,270

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2012 was $52,310 (2011 - $50,472). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

9. Related Parties – continued

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2012	2011
Revenues		
Athabasca Regional Health Authority	$ 136,691	$ 127,941
Ministry of Education	630,530	433,855
Ministry of Justice and Attorney General	125,000	75,000
Sask Housing Corporation	333,958	333,958
SGI	78,065	102,690
	$ 1,304,243	$ 1,073,444
Expenditures		
Correctional Facilities Industries Revolving Fund	$ 792	$ 820
Cumberland Regional College	3,004	1,683
Health Quality Council	-	9,469
Mamawetan Churchill River Regional Health Authority	-	8,220
Ministry of Government Services	605,824	603,161
North East School Division	29,446	49,676
North Sask Laundry & Support Services	701,074	823,711
Northern Lights School Division	-	1,125
Prairie North Regional Health Authority	90	7,957
Prince Albert Parkland Regional Health Authority	2,093	5,090
Regina Qu'appelle Regional Health Authority	248	-
SAHO	3,616,636	3,707,380
Sask Energy	1,098,852	1,132,973
Sask Housing	1,514,770	-
Sask Liquor and Gaming Authority	-	1,439
Sask Power	1,346,609	3,105,410
Sask Tel	722,667	574,671
Sask Workers Compensation Board	943,325	1,932,130
Saskatchewan Cancer Agency	-	200
Saskatchewan Institute of Applied Science and Technology	5,531	4,701
Saskatchewan Transport Company	18,110	20,011
Saskatoon Regional Health Authority	319,637	252,352
SGI	8,250	81,509
SHEPP	10,158,025	9,378,738

9. Related Parties - continued

Sun Country Regional Health Authority	-	1,040
Sunrise Regional Health Authority	8,464	3,979
Community Initiatives Fund	127	-
Cyress Regional Health Authority	62	-
eHealth Saskatchewan	113,273	61,685
Five Hills Regional Health Authority	272	-
Holy Trinity School Division	2,048	-
Horizon School Division	157	-
Physician Recruitment Agency of Saskatchewan	150	-
Saskatchewan Research Council	348	-
	$ 21,219,883	$ 21,769,131
Accounts Receivable		
Ministry of Health	$ 99,027	$ -
	$ -	$ -
Prepaid Expenditures		
Workers Compensation	$ 350,072	$ 310,929
	$ 350,072	$ 310,929
Accounts Payable		
	$ -	$ -
	$ -	$ -

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

9. Related Parties - continued

	2012	2011
Nipawin Oasis Community Centre Co-operative Ltd.	42,736	67,009
Kelvington Ambulance Care Ltd.	461,833	368,625
Tisdale Ambulance Care Ltd.	496,636	416,841
Shamrock Ambulance Care Ltd.	237,082	199,361
North East EMS	1,027,437	843,742
Melfort Ambulance Service	500,867	412,633
Town of Naicam	123,394	132,872
	$ 2,889,985	$ 2,441,083

ii) Fund Raising Foundations

Fund raising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $322,017 (2011 - $136,578) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $151,624 (2011 - $7,279) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $71,570 (2011 - $140,456) to the RHA.

10. Comparative Information

Certain 2010-11 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

11. Pension Plan - continued

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2012				2011
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,351	1	10	1,362	1,350
Member contribution rate, percentage of salary	7.70%-10.00%	5.40%	6.00-7.00%*		
RHA contribution rate, percentage of salary	8.62%-11.20%	22.09%	6.00-7.00%*		
Member contributions (thousands of dollars)	4,818	1	41	4,860	4,522
RHA contributions (thousands of dollars)	5,396	4	40	5,440	5,063

*Contribution rate varies based on employee group

1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2012.
Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

12. Budget

The RHA Board approved the 2011-2012 budget plan on June 4, 2011.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable

13. Financial Instruments - continued

- Accounts payable
- Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable and long term debt before the repayment required within one year is $7,684,443 (2011 - $9,251,586) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2011 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit in 2011 was $0 (2011 - $0).

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $3,293,456 (2011 - $3,206,861) under these agreements. The assets are joint property of the RHA and the community, therefore they are included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2012:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

16. Energy Performance Contract

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduces energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Kelsey Trail Regional Health Authority entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company.*

The total cost of the energy performance contract is $4,861,669. As at March 31, 2012, construction costs of $4,785,198 (2011 - $4,512,333) have been financed through a $4,861,669 long-term debt loan with a balance of $4,463,456 outstanding (2011 - $4,634,462), which bears interest at a rate of 5.33%. The long-term debt is amortized over a period of 18.5 years.

Results of the energy renewal project since its inception are:

	2012	Prior Years	Total
Estimated Utility Savings	283,394	179,000	462,394
Interest Costs	242,879	359,130	602,009

17. Collective Agreements

The SGEU and SUN contracts were in effect until March 31, 2012. The HSAS contract is in effect until March 31, 2013.

18. Future Accounting Changes

The Canadian Institute of Chartered Accountants (CICA) approved an amendment to require Government Not-For-Profit organizations reporting under section 4400 of the CICA Handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. At that time a liability will be required to disclose an amount for accumulated sick leave. The amount of liability requires actuarial assessment. The impact of this change cannot be determined at this point.

19. Pay for Performance

Effective April 1st, 2011, a pay performance compensation plan was introduced. As a result, senior employees were paid 90% of base salary for the fiscal year ended March 31, 2012. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31, 2012, because information required to assess senior managements' performance is not yet available. The performance adjustments for the 2011-12 fiscal year will be paid out in the 2012-13 fiscal year.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2012

Schedule 1

	Budget 2012	Actual 2012	Actual 2011
Operating:			(Note 10)
Advertising & public relations	$ 94,608	$ 90,336	$ 94,960
Board costs	103,135	114,732	100,717
Compensation - benefits	14,398,536	14,393,440	13,197,117
Compensation - salaries	71,952,932	72,181,388	68,692,789
Continuing education fees & materials	248,460	208,195	242,595
Contracted-out services - Other	371,776	307,420	269,130
Diagnostic imaging supplies	8,100	12,172	43,152
Dietary supplies	99,909	116,543	97,168
Drugs	640,888	660,160	606,486
Food	1,659,378	1,638,530	1,594,918
Grants to ambulance services	2,314,305	2,764,038	2,312,883
Grants to health care organizations & affiliates	789,624	673,835	849,624
Housekeeping & laundry supplies	289,445	281,227	280,395
Information technology contracts	758,485	756,271	672,304
Insurance	275,650	243,788	246,738
Interest	250,955	251,555	260,409
Laboratory supplies	1,313,285	1,128,880	1,163,921
Medical & surgical supplies	2,619,698	2,342,153	2,330,926
Medical remuneration & benefits	8,711,493	8,407,039	7,342,566
Meetings	120,286	83,868	85,850
Office supplies & other office costs	436,489	417,594	402,443
Other	390,889	257,340	267,224
Professional fees	899,381	833,612	934,565
Prosthetics	-	-	-
Purchased salaries	673,893	493,139	357,299
Rent/lease/purchase costs	1,186,406	1,324,933	1,103,436
Repairs & maintenance	1,436,307	1,634,057	1,429,229
Supplies - Other	340,833	366,190	346,723
Therapeutic supplies	-	-	-
Travel	1,005,899	1,099,977	1,017,275
Utilities	2,105,655	2,275,822	2,355,767
Total Operating Expenses	$ 115,496,700	$ 115,358,234	$ 108,698,609
Restricted:			
Amortization		$ 3,927,322	$ 4,017,688
Loss/(Gain) on disposal of fixed assets		57,879	-
Mortgage Interest Expense		441,211	410,512
Other		36,642	51,462
		$ 4,463,054	$ 4,479,662

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2012

Schedule 2

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Cornerstone Credit Union - Tisdale	$ 12,507,045			
Diamond North Credit Union	33,626			
	$ 12,540,672			
Term Deposits:				
	-			
	$ -			
Total Cash & Short Term Investments	$ 12,540,672			
Long Term				
	-			
Total Long Term Investments	$ -			
Total Restricted Investments	**$ 12,540,672**			
Unrestricted Investments				
Cash and Short Term				
Cash on Hand	$ 6,850			
Cornerstone Credit Union - Tisdale	8,817,776			
Advantage Credit Union	16,914			
Diamond North Credit Union	90,905			
Hudson Bay Credit Union	4,006			
Porcupine Credit Union	3,903			
Kelvington Credit Union	2,606			
Cornerstone Credit Union - Short Term	307			
Total Cash & Short Term Investments	$ 8,943,267			
Long Term				
Cornerstone Credit Union	$ 1,187,992	Various	Variable	
Total Long Term Investments	$ 1,187,992			
Total Unrestricted Investments	**$ 10,131,260**			
Total Investments	**$ 22,671,931**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 21,483,939			
Total Long Term	1,187,992			
Total Investments	**$ 22,671,931**			

* Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2012

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Capital Expenses	Balance End of Year
Edith Campbell Bursary	$ 20,211	$ 2,778	$ -	$ (2,500)	$ -	$ 20,489
Hudson Bay Health Care Facility	188,520	2,699	22,135	(1,724)	(19,790)	191,800
Kelvindell Lodge	115,800	1,734	17,245	(321)	-	134,457
Kelvington Hospital	124,584	1,804	9,795	(2,276)	-	133,907
Margaret Aikenhead Bursary	420	-	-	(420)	-	-
New Market Manor	381,141	5,351	185	(4,726)	-	381,951
Pam Worley Bursary	778	11	-	-	-	789
Community Services	147,072	2,027	2,530	-	(26,919)	124,709
Porcupine Plain Hospital	227,407	3,247	12,215	-	(9,880)	232,989
Ralston Medical Research	563,711	7,936	925	(8,153)	-	564,419
Red Deer Nursing Home	64,292	1,131	29,936	-	(40,003)	55,356
Rose Valley Health Centre	80,628	1,139	-	(30)	-	81,737
Sasko Park Lodge	146,492	2,162	8,396	-	-	157,050
Tisdale Hospital	1,091,766	38,115	9,882	(1,206)	-	1,138,558
Tisdale Hospital - Dialysis Unit	54,040	852	20,353	-	-	75,244
Total Community Trust Fund	**$ 3,206,861**	**$ 70,945**	**$ 133,597**	**$ (21,355)**	**$ (96,592)**	**$ 3,293,456**

CAPITAL FUND

Cumberland House Project	$ 353,688	$ -	$ -	$ -	$ (246,345)	$ 107,344
Energy Performance Contract	349,336	-	-	-	(272,865)	76,471
Ministry of Health - Block Funding	1,274,358	-	-	-	(508,475)	765,883
Ministry of Health - Capital Equipment	433,875	-	-	-	(134,625)	299,250
Ministry of Health - Capital Projects	6,506,595	696,153	-	-	(2,889,873)	4,312,876
Ministry of Health - CT Project	500,000	-	-	-	(64,500)	435,500
Ministry of Health - Radiology Equipment	962,238	-	-	-	-	962,238
Ministry of Health - Safety and Surgical	624,423	-	-	-	(117,078)	507,345
Other	136,762	72,999	-	-	(83,765)	125,997
Total Capital Fund	**$ 11,141,275**	**$ 769,152**	**$ -**	**$ -**	**$ (4,317,525)**	**$ 7,592,902**

TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 14,348,136**	**$ 840,098**	**$ 133,597**	**$ (21,355)**	**$ (4,414,117)**	**$ 10,886,359**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2012

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Capital Expenses	**Balance, end of year**
Capital						
SHC Replacement Reserves						
Arborfield Special Care Home	$ 136,940	$ 1,974	$ -	$ -	$ (8,337)	$ 130,578
Chateau Providence	194,374	2,407	7,750	-	(37,227)	167,303
Hudson Bay Health Care Facility	42,289	613	5,080	-	-	47,982
Kelvindell Lodge	67,538	960	8,043	-	(4,910)	71,631
Newmarket Manor	197,770	2,866	-	-	-	200,637
Nirvana Pioneer Villa	59,985	595	12,000	-	(28,000)	44,579
Pasquia Special Care Home	42,172	611	5,800	-	-	48,583
Pineview Lodge	83,751	413	11,254	-	(86,033)	9,385
Red Deer Nursing Home	99,239	1,367	-	-	(48,094)	52,512
Sasko Park Lodge	13,092	119	4,320	-	(14,295)	3,236
Total SHC	$ 937,150	$ 11,927	$ 54,247	$ -	$ (226,897)	$ 776,427
Other Internally Restricted Funds						
Activities - Arborfield Special Care Home	5,025	10,855	-	(9,095)	-	6,786
Activities - Carrot River	15,701	10,902	-	(3,957)	-	22,646
Ambulances	233,433	1,642	50,000	-	(221,388)	63,687
Capital	-	228,435	-	-	(205,745)	22,690
Carrot River Furnishing Fund	4,679	55	-	(4,734)	-	-
Cumberland House Home Care	21,555	304	-	-	-	21,859
Cumberland House Health Centre	-	10,024	7,500	-	-	17,524
Newmarket Manor - Floor Account	243,986	3,445	-	-	-	247,430
Palliative Home Care	4,142	52	-	-	-	4,194
Parkland	258,703	10,176	-	-	(59,170)	209,709
Rose Valley Health Centre	39,899	5,818	8,111	-	(5,125)	48,703
Tisdale Joint Use Facility	4,520	64	290	-	-	4,874
Total Capital	**$ 1,768,793**	**$ 293,700**	**$ 120,148**	**$ (17,786)**	**$ (718,325)**	**$ 1,446,531**
Operating						
Other Internally Restricted Funds	$ -	$ -	$ -	$ -	$ -	$ -
Total Operating	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total Internally Restricted Funds	**$ 1,768,793**	**$ 293,700**	**$ 120,148**	**$ (17,786)**	**$ (718,325)**	**$ 1,446,531**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF
BOARD MEMBER REMUNERATION
for the year ended March 31, 2012

Schedule 5(a)

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2012 TOTAL	2011 TOTAL
Chairperson								
Wilfred Veller	9,960	16,805	6,136	-	-	-	32,901	26,766
							-	
Board Member								
Rennie Harper[1]	-	9,168	5,503	-	-	50	14,721	9,274
Clarence Hendrickson[1]	-	7,200	4,720	-	-	-	11,920	5,540
Rose Morin[1]	-	1,100	789	-	-	-	1,889	2,534
Darrell Guy	-	7,913	6,514	-	-	-	14,427	12,079
Kathleen Bedard	-	-	-	-	-	-	-	5,839
Carla Hipkins	-	3,030	1,110	-	-	5	4,145	7,344
Gordon Cresswell	-	4,088	898	-	-	31	5,017	3,477
Dennis Koch	-	6,513	2,314	-	-	39	8,866	7,013
Allyson Stevenson	-	4,300	2,046	-	-	22	6,368	5,670
Frank Garchinski	-	4,112	1,520	-	-	-	5,632	5,076
Keith Thompson[2]	-	-	-	-	-	-	-	1,352
Cheryl Watt	-	5,319	4,369	-	-	29	9,717	7,992
TOTAL	**9,960**	**69,548**	**35,919**	-	-	**176**	**115,603**	**99,956**

1. Term began June 29, 2010
2. Resigned June 29, 2010

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2012

Schedule 5 (b)

	2012							2011		
Senior Employees	**Salaries[1]**	**Vacation Payout[1]**	**Sub-total (Total Salaries)**	**Benefits and Allowances[2]**	**Sub-total**	**Severance Amount**	**Total**	**Salaries, Benefits & Allowances[1,2]**	**Severance**	**Total**
Glen Kozak, CHO	$ 228,524	$ -	$ 228,524	$ 3,163	$ 231,687	$ -	231,687	$ 256,586	$ -	$ 256,586
Senior Positions:										
Pam McKay	190,139	-	190,139	66	190,205	-	190,205	224,319	-	224,319
VP Institutional & Emergency Care										
Shane Merriman	189,216	-	189,216	66	189,282	-	189,282	209,768	-	209,768
VP Finance & Information Services										
Julie Clearwiley	170,955	-	170,955	66	171,021	-	171,021	171,023	-	171,023
VP Community & Primary Health Care										
Dr. Wingate[4]	136,056	-	136,056	3,509	139,565	-	139,565			
VP Medical Services & Chief of Staff										
Dr. Jan Mue[3]	-	-	-	-	-	-	-	123,600	-	123,600
VP Medical Services & Chief of Staff										
Total	**$ 914,890**	**$ -**	**$ 914,890**	**$ 6,870**	**$ 921,760**	**$ -**	**$ 921,760**	**$ 985,296**	**$ -**	**$ 985,296**

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump-sum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered "lump sum performance adjustments". Lump sum performance adjustments have not been determined for the year end march 31, 2012 because information required to assess senior managements' performance is not yet available. The performance adjustments for the 2011-12 fiscal year will be paid out in the 2012-13 fiscal year. Refer to Note 19 for further details.

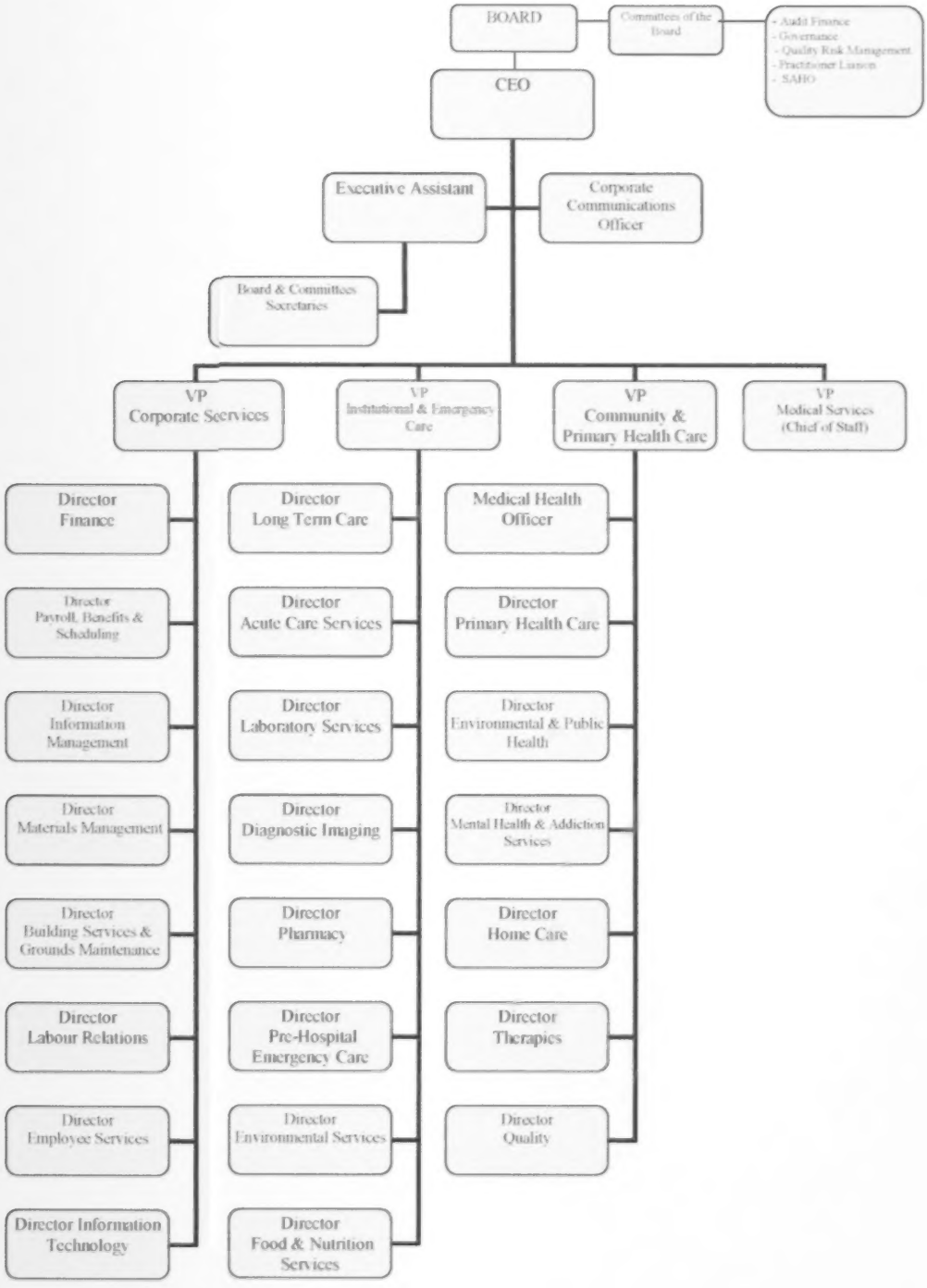
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

3. Retired March 31, 2011

4. Position started April 1st, 2011

Appendices

2011-12 Organization Chart



KELSEY TRAIL
HEALTH REGION

VISION

Healthy people in healthy communities

MISSION

Working together to improve the health of people

VALUES

Respect

We will support our clients, colleagues & partners in positive, productive relationships.

Transparency

We see every interaction as an opportunity for caring, compassion & to build trust with each person.

Excellence

We will pursue excellence through diligent effort, both individually and collectively.

Accountability

We are thoughtful guardians of our resources.

Engagement

We will continually work to earn confidence, faith and collaboration with our clients & colleagues.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2012

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Aasen, Tammy	$	82,161	Bednarz, Amanda	$	50,288
Abbs, Corinne		51,829	Bednarz, Chelsey		72,143
Adames, Oralee		65,535	Beecher, Clint		54,701
Agur, Jennifer		50,724	Bergren, Dorothy		107,329
Anderson, Barbara		93,300	Bertrand, Marilyn		74,363
Anderson, Christie		87,434	Bigelow, Sharyl		54,458
Anderson, Penny		133,054	Bischoff, Carrie		121,229
Andrus, Angela		83,066	Bittman, Lyle		99,279
Arndt, Kendell		111,828	Bitzer, Denise		105,769
Arneson, Anna		86,549	Black, Joan		99,232
Assie, Ramona		126,011	Blow, Robert		52,618
Astrope, Trudy		90,750	Boen, Angela		54,386
Atkings, Deborah		94,651	Bohaychuk, Vickie		72,263
Bagnall, Charlott		104,215	Bone, Eileen		52,811
Bagnall, Jenna		58,403	Bonsan, Roxane		81,939
Bailey, Trenna		68,069	Borsa, Shannon		65,307
Bair, Wendy		100,216	Boughen, Janice		86,598
Ballendine, Laurie		61,892	Bouvier, Gisele		61,316
Baptist, Farrah		57,532	Boxall, Lia		138,539
Barlow, Linda		120,488	Braaten, Lynda		71,331
Barrie, Amber		92,840	Bradley, Margaret		94,568
Bashforth, Crystal		67,405	Bradshaw, Katherine		99,105
Batucan, Joanner		72,279	Brakstad, Terry		73,796
Bayne, Bonny		51,788	Brockman, Judy		129,662
Beaulieu, Sharon		69,465	Brothwell, Linda		110,527
Becker, Kaye		95,568	Brown, Diane		76,985
Bedard, Tracy		94,465	Brown, Jessie		65,845

Brown, Tammy	$	55,257	Dean, Melody	$	100,262
Bryson, Dennis		54,611	Deighton, Gail		82,411
Bulmer, Louise		82,307	Delwisch, Sandra		72,846
Burghardt, Shelley		63,701	DeMarsh, Terry		77,697
Burt, Mary		89,838	Dierker, Christine		95,744
Burton, Violet		93,125	Diller, Ronald		99,279
Cal, Shelly		161,635	Dobrinski, Barb		100,965
Campbell, Quentin		51,448	Dobson, Tina		108,791
Campbell, Vivian		112,838	Donald, Ronda		110,236
Carlson, Sandra		64,376	Doucette, Natalie		92,789
Carswell, Kathryn		90,446	Douslin, Sharon		73,836
Carswell, Kelsi		51,250	Drake, Chantelle		65,535
Chabot, Catherine		80,722	Draude, Pattie		88,160
Chaboyer, Sheila		74,173	Drotar, Lynnette		55,249
Chapman, Jeannine		86,788	Dyck, Christine		88,516
Charko, Jessie		67,123	Dyck, Stephanie		67,211
Chorney, Jessica		74,246	Edstrom, Darlene		86,748
Christianson, Leslie		73,542	Edwards, Amy		53,302
Chrusch, Garry		61,299	Enge, Terry		65,458
Chrusch, Maureen		90,200	Ens, Cheryl		62,062
Clarke, Janice		90,351	Ens, Evan		77,697
Clarke, Leeann		77,697	Erickson, Bonnie		50,205
Cleaveley, Julie		170,955	Ernst, Raeann		77,844
Cleaveley, Maria		102,015	Espenant, Rodney		82,423
Code, Jacquelin		67,664	Ewen, Linda		68,034
Cole, Betty		108,580	Ewen, Sandy		76,024
Connor, Anne		69,077	Fagnou, Bettylou		91,856
Crickett, Donna		95,738	Fannon, Lee Ann		81,845
Cross, Debbie		52,729	Farber, Tracy		113,438
Currie, Debra		66,718	Fawcett Parkman, Carol		60,214
Curry, Meghan		54,546	Fawcett, Jeffrey		83,216
Cyr, Ron		71,900	Fellman, Leanne		100,278
Dagg, Arlene		59,210	Ferguson, Heather		100,216
Dagg, Leslie		67,127	Fidyk, Melanie		101,121
Dahl, Sherry		97,874	Fielder, Jessica		83,351
Daisley, Rosalie		64,095	Firman Depeel, Christine		100,421
Dalziel, Joan		111,482	Flamand, Sonia		62,265
Daoust, Roxane		77,955	Fockler, Stephanie		75,683
Davis, Andrea		52,144	Folden, Deanna		96,383
Day, Karen		106,790	Foster, Maryanne		81,057
De Haan, Sonya		83,056	Fountain, Kyla		106,937

Francais, Maureen	$	59,120	Hayduk, Michael	$	81,374
Franke, Vera		76,242	Hayes, Wendy		72,902
Franklin, Judy		70,092	Hayward Hunkin, Mickie		94,995
Franklin, Karri		100,228	Hayworth, Beverly		76,823
Friesen, Dwayne		75,169	Hebert, Caitlin		64,892
Frisky, Sharon		108,444	Hedin, Cody		58,961
Fullerton, Natasha		66,393	Hemingson, Linda		109,284
Funk, Rebecca		54,517	Henderson, Elaine		101,154
Gabrysh, Miriam		52,678	Hermus, Joan		86,453
Gagnon, Terrah		70,831	Heron, Maureen		66,137
Gallays, Paulette		102,769	Hewitt, Annadawn		95,007
Gallays, Robynn		56,696	Hiebert, Kari		97,682
Galucan, Carolyn		105,025	Hirsch, Jana		89,138
Ganton, Sonia		76,692	Hobbins, Tim		99,279
Garchinski, Kimberley		50,251	Hoffus, Diane		75,028
Garland, Stephanie		56,596	Hoffus, Kelly		70,949
Geck, Denise		73,708	Hoffus, Marianna		96,652
Genik, Heather		102,237	Honoway, Sean		50,099
George, Myrna		57,710	Hosaluk, Jo Elle		69,388
Gessner, Mary		58,324	Howse, Wendy		78,334
Getachew, Eyoucal		80,715	Hrychuk, Michelle		75,652
Gill, Paulette		100,725	Hudak, Darlene		69,565
Glaves, Connie		111,828	Hughes, Tracy		92,858
Glister, Sherrie		60,531	Hunt, Shirley		86,234
Gooliaff, Dolores		74,526	Hunt, Stacey		81,214
Gordon, Ardis		72,420	Ilnisky, Stephanie		80,702
Grona, Daniel		110,236	Isberg, Kathie		50,226
Gudnason, Douglas		79,352	Ives, Brenda		75,069
Hage, Barbara		74,829	Jackson, Vanessa		73,729
Hagen, Maureen		100,216	Jamieson, Joan		69,465
Hainstock, Donna		58,871	Janzen, Crystal		69,374
Hall, Judy		51,061	Jeffrey, Audrey		71,878
Hall, Michelle		57,070	Johnson, Bonnie		66,976
Halvorsen, Elaine		99,678	Johnson, Marilyn		50,157
Hampton, Bonnie		107,230	Jones, Judy		74,181
Hanaback, Kimberly		51,205	Keeping, Ruth		66,219
Hancock, Jason		75,451	Kehrig, Beverly		88,273
Hancock, Tracie		60,058	Kelsey, Nicole		55,670
Harbicht, Faye		69,374	Khan, Mohammad		236,255
Hart, Sandra		60,270	Kiefer, Marilyn		123,706
Haugo, Aline		72,888	Kimball, Valerie		110,795

Kinch, Derek	$	52,719	Lodoen, Elise	$	79,617
Kirk, Wendy		64,769	Logan, Kim		107,065
Kirkland, Sherrie		54,687	Love, Nicolette		86,612
Kisilowski, Laurie		53,232	Lucken, Linda		102,238
Kiteley, Wanda		65,882	Lungull, Ervin		73,824
Kjelshus, Leslie		64,512	Lyons, Barry		135,360
Klassen, Linda		70,113	Mackie, Carmen		93,422
Kleiboer, Sharon		68,843	Mahon, Sherry		95,294
Knudsen, Irene		69,012	Mahussier, Wanda		78,276
Knudtson, Shirley		64,863	Major, Lisa		121,261
Kolodinsky, Charleen		53,205	Mamer, Francoise		110,379
Kolybaba, Amanda		59,551	Martens, Heather		51,297
Koroll, Jarod		67,970	Martin, Kade		75,313
Kovach, Tammy		99,442	Martin, Pauline		107,963
Kovacs, Coral		76,738	Mason, Kathy		56,581
Kowal, Joell		50,196	Matiasz, Tammy		93,808
Kowal, Louise		96,655	McCleary, Angela		70,955
Kozak, Glen		228,524	McCorriston, Elizabeth		65,338
Kuhberg, Sylvia		55,159	McFarlane, Lana		71,169
Kuny, Debra		53,638	McKay, Pamela		190,139
Kwasney, Laurie		114,836	McKee, Kara		55,490
Lachcur, Debra		53,311	McLaren, Terri		70,479
Lalonde, Deborah		71,750	McLean, Cheryl		97,603
Lalonde, Florence		79,400	McShannock, Nancy		85,279
Lamont, Audrey		73,222	McShannock, Tanis		52,449
Larsen, Angela		54,232	McWillie, Greg		93,702
Le Bras, Doreen		69,681	Meier, Bonnie		94,613
Le Grand, Mildred		52,322	Melrose, Beverly		68,893
Lechler, Pamela		60,288	Menzies, Annette		65,510
Lee, Roxanne		100,656	Merkley, Alexandra		50,804
Lee, Wendy		54,048	Merriman, Shane		189,216
Leek, Brenda		69,779	Messner, Janice		106,335
Leepart, Beverly		66,895	Meszaros, Anita		77,399
Lepine, Crystal		54,719	Mevel Degerness, Nadine		100,216
Letendre, Dennis		50,746	Meyer, Kathleen		102,355
Lindal, Karen		81,303	Meyers, Candace		74,444
Lindsay, Lynda		78,666	Meyers, Stacey		87,382
Lindsay, Maureen		66,108	Miller, Heather		86,547
Little, David		77,697	Miller, Margaret		95,456
Little, Megan		52,248	Misselbrook, Janet		65,556
Litzenberger, Joan		94,844	Misskey, Lisa		84,755

Mitchell, Trent	$	96,404	Pederson, Patricia	$	109,420
Molnar, Kevin		62,313	Penner, Andrea		62,863
Molnar, Pamela		92,957	Penner, Shelley		57,010
Moneta, Shari		71,029	Perrault, Linda		98,391
Moorman, Tina		60,753	Peters, Richard		109,515
Morrow, Irene		71,985	Peters, Sharon		100,673
Morton, Shelley		61,622	Peterson, Linda		77,697
Moulton, Tanya		79,524	Peterson, Sheryn		64,018
Musselman, Leanne		66,530	Philipation, Ryan		90,142
Naber, Colleen		98,138	Phillips, Lisa		105,882
Nagano, Marlene		109,448	Pieterse, Sandra		112,643
Nagy, Garnet		64,014	Pohl, Christine		110,250
Nagy, Stacey		67,034	Pohl, Curtis		94,269
Nakonieczny, Ada		51,483	Pratt, Laureen		70,136
Nanaquewetung, Lesley		60,165	Pulkinen, Marjorie		69,175
Neigel, Cindy		84,518	Ralph, Diane		50,879
Neigel, Sarah		64,080	Ratcliffe, Peggy		77,935
Neiszner, Tanya		96,301	Reed, Lorry		96,347
Nelson, Michele		66,201	Reid, Barbara		81,053
Neu, Monica		65,200	Riemer, Christina		92,811
Neufeld, Anjie		84,258	Roberts, Elizabeth		68,667
Nicholls, Joanne		70,679	Robertson, Rita		79,693
Nickel, Rhonda		97,720	Robin, Rosanne		116,688
Nilson, Carol		60,841	Rogers, Candace		76,294
Nontell, Joann		95,841	Romaniuk, Trina		79,654
Nontell, Margaret		60,531	Romanow, Jodi		56,094
Nordmarken, Kimberly		51,131	Rosencrans, Randi		59,395
Nyirenda, Julien		113,998	Rudachyk, Betty		79,935
O'Flanagan, Cheryl		64,985	Rudychuk, Margaret		100,355
O'Flanagan, Linda		50,103	Runn, Denise		89,963
Ollinger, Mark		87,239	Runn, Diane		90,406
Ollinger, Monique		91,605	Rutherford, Shelley		111,617
Olson, Dinah		71,805	Ryhorchuk, Mabel		88,187
Olson, Michelle		93,248	Sales, Josie		98,791
Olson, Patricia		113,943	Samida, Lorie		50,571
Parlee, Tammy		100,130	Saranchuk, Jocelyn		98,735
Patenaude, Elaine		68,061	Sauer, Teresa		51,472
Patenaude, Judy		70,277	Scarf, Jeannette		100,862
Patterson, Dale		65,131	Scheidl, Carol		110,560
Patterson, Trudy		50,389	Scheidl, Leonard		75,898
Pauls, Racchel		54,553	Schell, Wendy		92,822

Schidlowsky, Patti	$	108,185	Stobbs, Kellie	$	65,360
Schilroth, Katherine		82,150	Stoll, Katherine		51,758
Schlechte, Kristin		90,856	Street, Faye		91,582
Schmaltz, Carlene		93,793	Streeton, Patricia		94,462
Schryvers, Kendall		58,121	Strinholm, Dawn		52,123
Schuler, Marijane		86,314	Stroeder, Kyle		75,759
Scutchings, Jodie		72,452	Stuart, Nikki		74,542
Sealey, Alisa		72,293	Styan, Cathy		60,531
Seck, Emily		81,146	Sullivan, Norinne		71,720
Seiferling, Sheila		110,243	Sundelin, Jacquelin		64,996
Senecal, Jean		75,457	Swider, Darcy		51,417
Serhan, Debbie		70,075	Syrenne, Sharon		52,234
Settee, Amy		68,929	Szucs, Denise		71,213
Shearer, Connie		96,371	Tatarynovich, Mary		102,156
Shreve, Lisa		64,631	Taylor, Etta		68,309
Siddons, Sandra		53,205	Taylor, Louise		50,232
Simoneau, Renee		86,234	Taylor, Tammy		58,244
Simonson, Wendy		58,655	Telawsky, Christine		89,950
Simpkins, Debby		61,194	Terry, Douglas		109,141
Skilliter, Dianne		95,808	Thevenot, Karen		67,627
Skinner, Michael		54,412	Thibodeau, Terry		60,754
Slobodzian, Fred		90,212	Thiessen, Corey		56,050
Slobodzian, Kacy Jae		56,458	Thompson, Tammy		56,393
Smears, Wanda		69,496	Tkachuk, Lori Ann		50,588
Smith, Diane		86,102	Tosh, Lee		73,300
Solsten, Julie		90,396	Townsend, Lorna		92,838
Solsten, Shelly		92,213	Trawin, Julie		87,421
Soonias, Myrna		57,234	Trombley, Christine		59,502
Sorestad, Tracy		57,865	Turcotte, Heather		70,527
Spence, Vanessa		79,868	Tyckon, Lorraine		90,399
Spencer, Jessie		61,838	Tyckon, William		81,146
Sprackman, Michelle		60,480	Tyndall, Norma		67,387
Stadnek, Sonja		94,638	Unger, Catherine		101,476
Stanger, Caryn		76,520	Unruh, Debbie		70,339
Stensrud, Colleen		141,364	Unruh, Lindsay		86,426
Stensrud, Kelsey		72,124	Van Herk Auger, Rosemary		100,421
Stevenson, Barbara		92,206	Van Camp, Jackie		117,597
Stevenson, Cheryl		86,643	Vandertweel, Barbara		90,528
Stevenson, Kathleen		91,783	VandeVeen, Gloria		76,578
Stewart, Geoff		72,947	Verklan, Louise		100,216
Stiglich, Crystal		86,238	Voisey Doucette, Delvena		110,768

Walker, Cristen	$	73,080	Wilkie, Wendy	$	60,287
Wall, Christa		60,531	Wilson, Cheri		91,782
Wallace, Barbara		67,486	Wilson, Colleen		53,909
Walter, Darin		112,206	Wilson, Doris		89,913
Warkentin, Ruth		56,006	Woodward, Michael		73,585
Warner, Bessie		104,770	Worsley, Rose Kath		83,834
Warriner, Valerie		148,598	Wozniak, Deborah		73,331
Wassill, Pamela		57,503	Yackel, Twila		106,632
Watson, Heather		110,236	Yaholnitsky, Pearl		100,574
Watson, Jennifer		88,067	Yaremy, Carol		56,206
Watt, Anita		100,216	Yelland, Wendy		54,549
Wehrkamp, Mary Jane		51,416	Yeo, Charles		77,737
Weiman, Blair		89,833	Youzwa, Sandee		81,351
Weseen, Sandra		111,789	Zens, Arlene		110,236
Wesnoski, Barbara		96,110	Zenuk, Antonie		52,941
White, Dale		102,473	Zip, Leanne		56,940
Whitehead, Merna		74,251			
Wiebe, Helen		87,153			

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

None

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3sHealth (SAHO)	$	58,156	Cardinal Health Canada	$	210,024
Abbott Laboratories Ltd		58,461	Carrot River Medical Clinic Inc		78,638
Albertyn, Dr. Albert		267,971	CDW Canada Inc		119,368
Allnorth Consultants Limited		90,304	Chernesky, Dr Pat		567,655
AMO Canada Company		114,003	City of Melfort		86,798
Archerwill Local # 58		148,163	Covidien		83,746
Arjohunt Leigh		305,742	CPDN/RCDP		202,937
Baard, Dr. Johann		328,554	Crestline Coach Ltd		156,310
Bala, Dr. Medical Prof. Corp		390,194	Dataport Computer Centre		70,845
Beckman Coulter Canada LP		163,620	Diversey Canada		54,296
Biomericux Canada Inc.		58,629	Dominion Construction Company Inc.		1,750,695
Bunzl Distribution Inc		171,001	Dr. Herbert Medical Prof. Corp.		319,001

eHealth Saskatchewan	$ 113,273	QHR Software Inc.	$ 82,921
Francis, Dr. Eleanor	336,950	Richardson, Dr. Rosemarie Tessa	153,162
GE Healthcare Canada	183,217	Rye, Dr. J. G.	115,014
GE Healthcare HTS Canada Ltd	65,560	Saputo Foods Limited	115,308
Geancl Restaurant Supplies	68,759	Sask Energy	1,098,852
Glaxo Smithkline Inc	55,125	Sask Housing Corp	1,514,770
Great West Life	459,476	Sask Power	1,346,609
Gurgul, Dr. Mariusz	144,000	Sask Registered Nurses Membership	126,378
Hanekom, Dr. P.	58,539	Sask Tel	722,667
Hayes, Dr. Morgan	135,173	Sask Workers Compensation Board	943,325
Health Science Assoc of Sask.	67,367	Saskatchewan Association of Health Organizations	3,616,636
HealthMetrx Canada Inc.	55,544	Saskatchewan Government Employees Union	1,066,321
Honeywell Limited (Calgary)	566,594	Saskatchewan Healthcare Employee's Pension Plan	10,158,025
Hospira Healthcare Corp.	219,116	Saskatchewan Housing Corporation	1,514,770
Hudson Bay Medical Group	1,535,753	Saskatchewan Union of Nurses	273,057
Johnson & Johnson Inc	98,584	Saskatoon Health Region	303,583
KCI Medical Canada, Inc	73,909	Saskatoon Regional Health Authority	319,637
Kelvington Ambulance Care Ltd	461,833	SaskWorks Venture Fund Inc.	55,250
Knight, Dr. Jennifer	106,215	Schaan Healthcare Products	1,097,766
Laosebikan, Dr. A	75,058	Select Medical Connections Ltd	82,718
Levendall, Dr. Tamzyn	68,894	Shamrock Ambulance Care Ltd	237,082
London Life Insurance Co.	100,078	Siemens Building Technologies	97,457
Lukubisa, Dr. Alex	123,624	Siemens Healthcare Diagnostics Ltd	200,355
Macquarie Equipment Finance Ltd	179,276	Smith, Dr. Aleka	155,873
Manzini, Dr. Prince	381,197	Smith, Dr. Corne	123,000
Marsh Canada Limited	232,876	Steffen, Dr. Robert	56,344
McKesson Canada	197,247	Stevens Company Limited	108,112
McKesson Distribution Partners	121,196	Stoll, Michael Dr.	54,224
Melfort Ambulance	500,867	Strydom, Dr. Eben	77,662
Ministry of Government Services	605,824	Sun Life Financial	60,816
Nipawin Flight Center	89,208	Supreme Basics	156,208
Nipawin Medical Group	168,580	Sysco Food Services of Regina	1,197,134
North East EMS	1,027,437	Tisdale Ambulance Care Ltd	496,636
North Sask Laundry & Support Services	701,074	Town of Naicam	123,394
Olympus Canada Inc	202,019	Town of Nipawin	70,144
Ortho-Clinical Diagnostics	379,659	Town of Tisdale	100,352
P3A	854,113	Van Der Merwe, Dr. Neville	335,794
Parkland Ambulance Care Ltd.	118,326	Van Der Ross, Dr. Richard	100,612
Philips Healthcare	213,748	Van Heerden, Dr. Hendrick	101,714
Prairie North Co-op	58,737		
Public Employees Superannuation Plan	76,421		

Van Heerden, Dr. M.M.	$	75,762
Van Houtte Coffee Services Inc		77,307
Van Jaarsveld, Dr. Juliana		398,283
Watt, Dr. Jim		360,000
WBM Office Systems		176,941
Wingate, Dr. Jordan		154,165

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For More Information

For further information relevant to the Kelsey Trail Health Region, contact Regional Office at (306)873-6600 or visit the following websites:

Northeast Regional Intersectoral Committee
http://www.northeastric.ca/

Kelsey Trail Health Region
http://ww.kelseytrailhealth.ca/

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